

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

42928

Do not use this space.

**1. PLACE OF DEATH**

(a) County Calloway 3 Registration District No. 104  
 (b) Township 1 Primary Registration District No. 3008 Registered No. 3315  
 or City Jutton (d) Street No. State Hosp #1 St.  
 (e) Length of residence in city or town where death occurred 5 yrs. 11 mos. 5 da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** 500 Dan Lane

(a) Residence, No. Marshall Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 (years) DK DK DK

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME DK

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9 DK

MOTHER 15. MAIDEN NAME 9 DK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) State Hosp #1 - Jutton

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo DATE 12-18-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Roberts  
Columbia Mo

20. FILED Dec. 18, 1939 R. T. Crewe  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-39

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to Dec 14, 1939

I last saw him alive on Dec 14, 1939. Death is said to have occurred on the date stated above, at 12:15 pm.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset 12-13-39

93C

Other contributory causes of importance  
Myocarditis (Ch)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) W. F. Ward, M. D.

(Address) State Hosp #1 Jutton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**