

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21361

FILED JUL 25 1941 384

Primary Registration District No. 5535

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell Howell Twp.
(b) City or town West Plains, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rt 3-1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 years (Specify whether years, months or days)
In this community 14 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell
(c) City or town West Plains, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex mo 5. Color or race W 6. (a) Single, widowed, married, divorced OS

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased 9-16-1927
(Month) (Day) (Year)

8. AGE: Years 14 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Howell Co., Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business 0

12. Name Clarence E. Oaks

13. Birthplace Howell Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Howell Co Mo

15. Birthplace Howell Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Oaks

(b) Address Rt 3- West Plains, Mo

17. (a) 15 (b) Date thereof 12-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Upon grave

18. (a) Signature of funeral director West Plains Mo

(b) Address 0

19. (a) 12-12-41 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27 P.
year 1941 hour 3 minute 00 M.

21. I hereby certify that I attended the deceased from October 26, 1941, to October 26, 1941; that I last saw him alive on October 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 12 1/2
Due to Pentonitis

Due to Ruptured appendix (appendicitis)

Other conditions 0
(Include pregnancy within 3 months of death)

Major findings: Ruptured appendix
Of operations 0
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? (City or town) (County) (State) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (e) Means of injury 0

23. Signature R. A. Sparks (M. D. 0)
Address West Plains, Mo. Date signed 0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0000

RECEIVED

District Health Officer No. 8,

District File Number 442241

Date Filed 7-20-42

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, fact should be so stated above.