

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33104

State File No. _____

FILED NOV 10 1942

Registration District No. _____

Primary Registration District No. 5076

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton
Richland
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lamar Mo. R.R. # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Lamar Mo. R.R. # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1942 hour 12 Noon minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to Oct. 14, 1942
that I last saw him alive on Oct. 14, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac degeneration
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
by Means of injury _____

23. Signature Thos. J. Miller, M.D. (M.D. or other)
Address Lamar, Mo. Date signed 10/20/42

3. (a) PRINT FULL NAME Frances Asbury Baston

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Castalbury Baston 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased August 18th. 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 2 1 _____ hr. _____ min.

9. Birthplace Unknown Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer
Farming

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Ann Baston
(b) Address Lamar Mo. R.R. # 2

17. (a) Burial (b) Date thereof 10-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waters Cemetery
Chas. J. Teeter

18. (a) Signature of funeral director _____
(b) Address Jasper, Mo.

19. (a) Oct 21-42 (b) Mrs. John Davis
(Date received local registrar) (Registrar's signature)

145 (Licensed Embalmer's Statement on Reverse Side)

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

000

RECEIVED

District Health Officer No. 6,

District File Number 1142-1563-

Date Filed NOV 9 1942

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 Phas J. Teeter

Licensed Embalmer No. 2566

P. O. Address Jasper Mo

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.