

STANDARD CERTIFICATE OF DEATH

12705

State File No.

Registrar's No. 35

Registration District No. 94

Primary Registration District No. 4169

1. PLACE OF DEATH:

(a) County DEKALB
(b) City or town OSBORN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DEKALB 32
(c) City or town OSBORN 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS FRANKLIN SEARCY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EVA SEARCY 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased APRIL 6 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace DEKALB COUNTY MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name JACKSON SEARCY

13. Birthplace KENTUCKY 1
(City, town, or county) (State or foreign country)

14. Maiden name MARY CALDWELL

15. Birthplace MISSOURI 0
(City, town, or county) (State or foreign country)

16. (a) Informant MRS EVA SEARCY

(b) Address OSBORN MO.

17. (a) BURIAL (b) Date thereof 4-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSBORN CEMETERY

18. (c) Signature of funeral director PILCHER FUNERAL HOME

(b) Address MAYSVILLE MO.

19. (a) 4/8-46 (b) W. C. Davidson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1946 hour 5 minute 5 P.M.

21. I hereby certify that I attended the deceased from _____ to _____

that I last saw _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to _____

Due to _____

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

Major findings: 450
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) (e) Means of injury _____

23. Signature W. S. Hale (M. D. or other) _____

Address Osborn Mo. Date signed 4/8/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11610

2

3

0

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

E. L. Parker

..... Licensed Embalmer No. *3960*

..... P. O. Address *Marion, 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.