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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1946

Registration District No. 59

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4099

State File No. 36346

Registrar's No. 168

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

35168

**1. PLACE OF DEATH:**

(a) County Cass

(b) City or town Pleasant Hill
(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 20 years
years, months or days).

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cass

(c) City or town Pleasant Hill, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 327 Armstrong
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ____

**3. (a) PRINT FULL NAME** William Seely Outon

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida May Outon 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. (Month) 31 (Day) 1867 (Year)

8. AGE: Years 78 Months 11 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace Red Budd (City, town, or county) Ill. (State or foreign country)

10. Usual occupation retired

11. Industry or business ____

FATHER
12. Name Clark Outon
13. Birthplace Red Budd (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Mary Penrod
15. Birthplace Roaney (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs Nellie Butler
(b) Address Pleasant Hill, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Mo.

19. (a) 11-22-1946 (Date received local registrar) Laura J. Jones (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 16
year 1946 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov 1, 1946, to Nov 16, 1946; that I last saw him alive on Nov 16, 1946; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pulmonary Embolism | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
Underline the cause to which death should be charged statistically.

111A

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury 2

23. Signature J. L. Hearon (M. D. or other) DO

Address Pleasant Hill, Mo. Date signed 11-18-46

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(Licensed Embalmer's Statement on Reverse Side)

## 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 By me 11-16-46, Registered Apprentice No.....,
working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill 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.**