

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAR 9 1949

State File No. **4452**

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5418 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cotton Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cotton Hill</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 1/2 Miles N. W. Malden</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 Miles N. W. Malden</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas Sales</u> b. (Middle) _____ c. (Last) <u>Houchin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 28 1949</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Oct. 30, 1877</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR 1 YEAR _____ 2 YEARS _____ 3 YEARS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Malden Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Johnson</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dewey Green</u> ADDRESS <u>Malden, Mo. R-1</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANCEDECENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>42 2/2</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 4, 1949 to Feb 28, 1949, that I last saw the deceased alive on Feb 27, 1949, and that death occurred at 3:20A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Carleton D.O. **23b. ADDRESS** Malden **23c. DATE SIGNED** Med 19/49

24a. BURIAL, CREMATION REMOVAL (Specify) Burial **24b. DATE** 3-1-49 **24c. NAME OF CEMETERY OR CREMATORY** Park Cemetery **24d. LOCATION** (City, town, or county) (State) Malden, Mo.

DATE REC'D BY LOCAL REG. March 4, 1949 **REGISTRAR'S SIGNATURE** J. S. Schumann **57** **25. FUNERAL DIRECTOR'S SIGNATURE** Day Funeral Home **ADDRESS** Malden, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

No. 500
10. 48

35
0
0

RECEIVED
Health Office No. 2,
District File Number 3490-35
Date Filed 3-7-8

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 _____

Student Embalmer No. _____

Working under my personal supervision.

Student
Student Embalmer

Signed

J. W. Schuman

Licensed Embalmer No. 4086

P. O. Address

Malden

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.