

FILED FEB 26 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

5564

State File No. ....

Registrar's No. 13

BIRTH NO. ....		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4322		State File No. ....		Registrar's No. 13			
1. PLACE OF DEATH a. COUNTY Mercer Co.					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton, Mo			c. LENGTH OF STAY (In this place) 11 1/2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton, Mo			d. STREET ADDRESS (If rural, give location) 3			
d. FULL NAME OF HOSPITAL OR INSTITUTION					d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) a. (First) Dock			b. (Middle) E.		c. (Last) Black		4. DATE OF DEATH (Month) (Day) (Year) 2-13-49				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 12, 1892		9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Hugh Black			13b. MOTHER'S MAIDEN NAME King			14. NAME OF HUSBAND OR WIFE Blanche Black					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)			16. SOCIAL SECURITY 721-18-6111		17. INFORMANT'S SIGNATURE OR NAME Richard Gallen			ADDRESS Princeton, Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Throat Cancer DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C911					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 2-22-49		19b. MAJOR FINDINGS OF OPERATION Severed jugular vein						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. CITY, TOWN, OR TOWNSHIP Princeton		21d. COUNTY Mercer		21e. STATE Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 12 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Self inflicted							
22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on Feb 12 1949 and that death occurred at 1 A.M., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Dr. Dickert					23b. ADDRESS Princeton, Mo			23c. DATE SIGNED 2-14-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-14-49		24c. NAME OF CEMETERY OR CREMATORY Princeton		24d. LOCATION (City, town, or county) Princeton, Mercer Co., Mo		24e. STATE			
DATE REC'D BY LOCAL REG. 2-14-49		REGISTRAR'S SIGNATURE M. J. Ruth			393			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Noel Moss Princeton, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

REAR 1949

### 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. Me

working under my personal supervision.

Signed \_\_\_\_\_

Paul Mass

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 2634

P. O. Address \_\_\_\_\_

Cumtun, N.Y.

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.