

FILED MAR 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. **7131**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6152** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Liberty)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Liberty)</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #2, Dexter, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Joseph</b>	b. (Middle) <b>Alexander</b>	c. (Last) <b>Fields</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 19, 1949</b>
-------------------------------------	--------------------------	------------------------------	-------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Oct. 30, 1866</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	--	---------------------------------------	---	------------------------	-----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Stoddard County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
---	--	---	---

13a. FATHER'S NAME <b>Wm. F. Fields</b>	13b. MOTHER'S MAIDEN NAME <b>Rebecca Riddle</b>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <b>Silvas Book</b> ADDRESS <b>Dexter, Mo. R. #11</b>
---	--	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>H2000</b>			

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 July, 1946, to Feb 15, 1949, that I last saw the deceased alive on 15 Feb, 1949, and that death occurred at 5:50 AM., from the causes and on the date stated above.

23a. SIGNATURE <b>J. R. Waddle</b> (Degree or title)	23b. ADDRESS <b>Dexter Mo.</b>	23c. DATE SIGNED <b>19 Feb 1949</b>
--	--------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-20-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Caroline Dowdy</b>	24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo.</b>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <b>2-26-1949</b>	REGISTRAR'S SIGNATURE <b>Velma V. Jenkins</b> <b>409</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Strickland-Rainey</b> ADDRESS <b>Dexter, Mo.</b>
---	--	--

RECEIVED

District Health Office No. 2,

District File Number 349-326

Date Filed 3-1-49

**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 \_\_\_\_\_

Licensed Embalmer No. 3479

P. O. Address North Me

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.