

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7907

326

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

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 3877 Registrar's No. 11

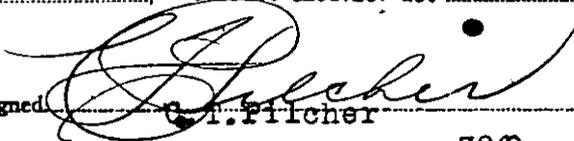
1. PLACE OF DEATH a. COUNTY DEKALB		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DEKALB	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FAIRPORT		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FAIRPORT	
c. LENGTH OF STAY (If this place) 60 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print)	a. (First) HARVEY	b. (Middle) A.	c. (Last) LAW
4. DATE OF DEATH	(Month) MAR.	(Day) 1	(Year) 1949
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 3rd 1867
9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Wks. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH	10b. KIND OF BUSINESS OR INDUSTRY Mechanic	11. BIRTHPLACE (State or foreign country) GENTRY CO. MISSOURI	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME VILLARD LAW	
13b. MOTHER'S MAIDEN NAME EMMA AMMERMAN		14. NAME OF HUSBAND OR WIFE ELNORA LAW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. FREDA FERGUSON, FAIRPORT MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage 89w ago			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4 201			
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) (Min.)	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 May 1949 to March 1, 1949 , that I last saw the deceased alive on Mar 1, 1949 , and that death occurred at 5 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Harold Fowler D.O.		23b. ADDRESS MAYSVILLE MISSOURI	23c. DATE SIGNED 3-1 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-3-49	24c. NAME OF CEMETERY OR CREMATORY FAIRPORT	24d. LOCATION (City, town, or county) (State) FAIRPORT MO.
DATE REC'D BY LOCAL REG. 3-2-49	REGISTRAR'S SIGNATURE Wesley Davidson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PILCHER FUNERAL HOME, MAYSVILLE 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed  _____
C. F. Filcher

Signed _____
Student Embalmer

Licensed Embalmer No. 3960

P. O. Address Maysville 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.