

FILED MAR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8898

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5579		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alba - MINERAL TWP; RURAL		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alba - RURAL MINERAL TWP			
d. FULL NAME OF HOSPITAL OR INSTITUTION Alba, Missouri				d. STREET ADDRESS (If rural, give location) Alba, Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Harvey c. (Last) Honey			4. DATE OF DEATH (Month) (Day) (Year) March 11, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 7, 1871		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Hours Min. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Alba, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Willis Honey			13b. MOTHER'S MAIDEN NAME Mary Carlisle		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Buford Honey, Purcell, Missouri				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza						INTERVAL BETWEEN ONSET AND DEATH 10 hours 3 years 72 hrs.
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) Alba Jasper Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 3-8-1949, to 3-11-1949, that I last saw the deceased alive on 3-11-1949, and that death occurred at 2:20 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Glenn R. Drey, D.O.				23b. ADDRESS Alba - Mo		23c. DATE SIGNED 3-12-49	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE March 13, 49	24c. NAME OF CEMETERY OR CREMATORY Friends Cemetery		24d. LOCATION (City, town, or county) (State) Purcell, Missouri			
DATE REC'D BY LOCAL REG. MCH 13; 49		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Johnston-Arnce-Simpson, Webb City, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 22 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. _____

working under my personal supervision.

Signed _____

Jack C. Simpson

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4647

P. O. Address _____

Webb City, 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.