

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11431
Registrar's No. 14

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001

1. PLACE OF DEATH a. COUNTY <u>Hudrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hudrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>	
c. LENGTH OF STAY (In this place) <u>32 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>311 W. St. John St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>311 W. St. John St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fernando</u> b. (Middle) <u>Wood</u> c. (Last) <u>English</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 24 - 1863</u>	9. AGE (In years last birthday) <u>85</u>	If UNDER 1 YEAR Month <u>19</u> Days _____	If UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Managerial</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Milling</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
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13a. FATHER'S NAME <u>Daniel M English</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Vows</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine G. English</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pauline J. See</u>	ADDRESS <u>Vandalia, Mo</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT 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>420!</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4-12, 1949 to 4-12, 1949, that I last saw the deceased alive on Apr. 12, 1949, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. H. Blount M.D.</u>	23b. ADDRESS <u>Vandalia Mo</u>	23c. DATE SIGNED <u>4/13/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 14 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	24d. LOCATION (City, town; or county) (State) <u>Vandalia Missouri</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Apr 14 1949</u>	REGISTRAR'S SIGNATURE <u>Mallo Fugate</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Waters</u>	ADDRESS <u>Vandalia Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 17 1950

RECEIVED
District Health Officer No. 10
District File Number 4426
Date Filed APR 19 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 Ann B. Waters

Signed _____
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.