S. No. 300
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FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11789

BIRTH NO. 49-021165 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (In this place): 6 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital O

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass 19
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Dolan 0
d. STREET ADDRESS (If rural, give location): 2½ M. S.E. of Freeman 0 mo.

3. NAME OF DECEASED (Type or Print): a. (First) Unnamed b. (Middle) — c. (Last) Best

4. DATE OF DEATH (Month) (Day) (Year): Apr. 12 - 49

5. SEX: Male O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single O
8. DATE OF BIRTH: Apr 12-49
9. AGE (In years last birthday): 0 | IF UNDER 1 YEAR: Months 0, Days 0 | IF UNDER 24 HRS.: Hours 6, Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Memorial Hosp Cass Co mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Alvin Best
13b. MOTHER'S MAIDEN NAME: Ester Coekrell
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Alvin Best Freeman ADDRESS: 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature infant (½ no)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Placenta praeva
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

7615

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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): Harrisonville Cass Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* April 12, 1949, *to* Death 1949, *that I last saw the deceased alive on* April 12, 1949 *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry B Neis M.D. O
23b. ADDRESS: Harrisonville, Mo
23c. DATE SIGNED: 4-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 13-49
24c. NAME OF CEMETERY OR CREMATORY: Freeman Cem.
24d. LOCATION (City, town, or county) (State): Freeman Mo

DATE REC'D BY LOCAL REG.: April 13, 1949
REGISTRAR'S SIGNATURE: Laura J. Jones 51 O
25. FUNERAL DIRECTOR'S SIGNATURE: Atkinson Mo Harrisonville
ADDRESS: Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed ~~by me, or by~~ .....

..... Student Embalmer No. .....,

working under my personal supervision.

Signed Floyd Atkinson

Signed .....
Student Embalmer

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.)

MO.

If this body is not embalmed, fact should be so stated above.