

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12180

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5511 Registrar's No. 98

420
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Clatsop</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Field Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>unknown</u>	
c. LENGTH OF STAY (in this place) <u>2 mo</u>		d. STREET ADDRESS (If rural, give location) <u>unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Henry County Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>M^o Govern</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18-1949</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>single</u>		8. DATE OF BIRTH <u>1976</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR: Months _____ 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>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>unknown</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>unknown</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>unknown</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <u>J. P. Arnold Clinton 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None of 2nd</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>	
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19a. DATE OF OPERATION <u>None</u>		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) <u>no</u>		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) _____		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 April 7, 1949, to April 15, 1949, that I last saw the deceased alive on April 17, 1949, and that death occurred at 4 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. B. Hughes, M.D.</u>		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>4/20/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>21 April 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood cem</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
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DATE REC'D BY LOCAL OFFICE <u>4-21-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		422		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lickman & Dunning Clinton Mo</u>	
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RECEIVED

District Health Officer No. 7,

District File Number 3-49-428

Date Filed 4-25-49

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 _____

R L Dunming

Student Embalmer No. 3682

working under my personal supervision.

Student
Student Embalmer

Signed _____

J P Housey

Licensed Embalmer No. 3682

P. O. Address Calhoun 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.