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

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20049

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5593 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Platten
c. LENGTH OF STAY (In this place): 5 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. #1, Festus Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Full
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 17
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Bart
b. (Middle): Secrease
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 6-27-49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: 8-15-1875
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 10, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Pensioner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ellsinora Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Andy Secrease
13b. MOTHER'S MAIDEN NAME: Neece Carter
14. NAME OF HUSBAND OR WIFE: Nathie Ann Secrease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Della Leonard
ADDRESS: Festus 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) Cancer Stomach — INTERVAL BETWEEN ONSET AND DEATH: unk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — unk.
DUE TO (c) Asthma Bronchial

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
151X

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):
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* May 10, 1949, *to* June 27, 1949, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m. *from the causes and on the date stated above.*

23a. SIGNATURE: Harry Goskit MD (Degree or title) V.
23b. ADDRESS: Festus Mo
23c. DATE SIGNED: Jun 30/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-30-49
24c. NAME OF CEMETERY OR CREMATORY: Danby Cemetery
24d. LOCATION (City, town, or county) (State): Danby Mo.

DATE REC'D BY LOCAL REG.: 6/29/49
REGISTRAR'S SIGNATURE: Marie Garrison
25. FUNERAL DIRECTOR'S SIGNATURE: "Jinks"
ADDRESS: Festus Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 6 1949
District Health Officer No. 9,
District File Number

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 Ferd Lang Jr Student Embalmer No. 245 working under my personal supervision.

Signed Eleanor Province

Signed Ferd B Lang Jr
Student Embalmer

Licensed Embalmer No. 3403

P. O. Address Festus 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.