

FILED AUG 13 1949

STANDARD CERTIFICATE OF DEATH

22913

State File No.

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD 0027

BIRTH NO. _____		REG. DIST. NO. <u>83</u>		PRIMARY REG. DIST. NO. <u>5315</u>		Registrar's No. <u>15</u>		
1. PLACE OF DEATH a. COUNTY <u>COOPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>				
b. CITY OR TOWN <u>RURAL SALINE</u>		c. LENGTH OF STAY (in this place) <u>40 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		2?		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FARM. COOPER CO</u>				d. STREET ADDRESS (If rural, give location) <u>NEAR WOODRIDGE MO</u>				
3. NAME OF DECEASED (Type or Print) <u>JAMES</u>			a. (First)		b. (Middle) <u>VERTS</u>		c. (Last)	
4. DATE OF DEATH <u>July 28 - 49</u>		(Month)		(Day)		(Year)		
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>MARCH 6 - 1888</u>		
9. AGE (in years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>			11. BIRTHPLACE (State or foreign country) <u>COOPER COUNTY MO</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>JOSEPH VERTS</u>		13b. MOTHER'S MAIDEN NAME <u>FLORENCE FIGGINS</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE SCHLOEGHAWER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS JAMES VERTS WOODRIDGE</u> ADDRESS <u>WOODRIDGE</u>				
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) <u>DISSEMINATED SCLEROSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
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)				
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?				
22. I hereby certify that I attended the deceased from <u>Oct 22, 1942</u> , to <u>April 24, 1949</u> , that I last saw the deceased alive on <u>April 24, 1949</u> , and that death occurred at <u>12:30 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J.C. Tincher</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Boonville mo.</u>		23c. DATE SIGNED <u>July 30 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 30 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>BOONVILLE MO</u>		
DATE REC'D BY LOCAL REG. <u>8/1/49</u>		REGISTRAR'S SIGNATURE <u>V.T. Meredith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>GOODMAN AND BOLLER</u>		ADDRESS <u>BOONVILLE</u>		

RECEIVED AUG 6 RECD
District Health Officer No. 9

District File Number _____
Date Filed 8-12-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed J. H. Goodman
Licensed Embalmer No. 1178

P. O. Address Osceville 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.