

FILED AUG 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. **23931**

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5623 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY KNOX		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY KNOX	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SALT RIVER		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL 5 mi. SE Hurdland	
c. LENGTH OF STAY (in this place) 65 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION NONE			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) RALPH		(Month) (Day) (Year) 7 20 1949	
b. (Middle) DELEON			
c. (Last) SIX			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 1 1884
9. AGE (In years last birthday)		10. MONTHS	11. YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (State or foreign country) MISSOURI	
		12. CITIZEN OF WHAT COUNTRY? YES	
13a. FATHER'S NAME PAUL SIX		13b. MOTHER'S MAIDEN NAME MARY FREDLIN	
		14. NAME OF HUSBAND OR WIFE NANCY E. PARSONS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocardosis 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 4222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>April 27, 1949</u> , to <u>July 30, 1949</u> , that I last saw the deceased alive on <u>July 16, 1949</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. G. Schuetz 2 D.O.		23b. ADDRESS Keokuk, Missouri	
		23c. DATE SIGNED 7/22/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/23 1949	
24c. NAME OF CEMETERY OR CREMATORY LOCUST HILL		24d. LOCATION (City, town, or county) (State) 8 mi. S. Hurdland Mo	
DATE REC'D BY LOCAL REG. July 28-49		REGISTRAR'S SIGNATURE Will A. ...	
		25. FUNERAL DIRECTOR'S SIGNATURE ...	
		ADDRESS	

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

RECEIVED AUG 2 1949
District Health Officer N
District File Number 8-491
Date Filed AUG 2 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 Geo B. Easley Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Aurora, 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.