

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 1 1949

State File No. 24187

719

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Osage Tw'nship</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Osage Tw'nship</b>	
c. LENGTH OF STAY (in this place) <b>Lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>8 Mi. South Versailles, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8 Mi. South Versailles</b>		d. STREET ADDRESS (If rural, give location) <b>8 Mi. South Versailles, Mo</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John Henry</b> b. (Middle) <b>Metcalf</b> c. (Last) <b>Metcalf</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 18, 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>May 14, 1904</b>
9. AGE (In years last birthday) <b>45</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>5</b>	IF UNDER 24 HRS. Hours <b>5</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Melbourne, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Wm S. Metcalf</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary L. Duncelon</b>		14. NAME OF HUSBAND OR WIFE <b>Mamie Brown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World W. 2</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edwin Metcalf</b>
17. ADDRESS <b>Versailles, Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiation by Drowning</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1924</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>42</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <b>HOMICIDE</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., esp.) <b>Back of the Ozarks</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Osage Township Morgan Mo.</b>	
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? <b>71</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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 <b>Rich L. Medicus Morgan County Coroner</b>		23b. ADDRESS <b>Versailles Mo.</b>	
23c. DATE SIGNED <b>7-22-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>July 22-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Big Rock Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Barnett, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE (M) ADDRESS <b>W. F. Redwell Versailles, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-25-1949</b>		REGISTRAR'S SIGNATURE <b>L. L. Washburn 214</b>	

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 embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Gene G. Dartram*

Licensed Embalmer No. 4021

P. O. Address Chesapeake, MD

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.