

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29779

BIRTH NO. _____		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 5413		Registrar's No. 444	
1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweden, R, Walls				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweden, Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION <del>Hennrich White-Countryman</del>				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Luther		b. (Middle) W.		c. (Last) Countryman	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-16-81	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME -----Countryman		13b. MOTHER'S MAIDEN NAME -----Gordan		14. NAME OF HUSBAND OR WIFE Rosa Countryman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ✓ Rosa Countryman Sweden, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart failure DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 002X	
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) m.		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 4-1-1949, to 8-2-1949, that I last saw the deceased alive on 8-2-1949, and that death occurred at 9 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Dr. R. L. Shamm</i>				23b. ADDRESS Ava, Mo.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-6-49		24c. NAME OF CEMETERY OR CREMATORY Hurst		24d. LOCATION (City, town, or county) (State) Evans, Missouri	
DATE REC'D BY LOCAL REG. 8-3-49		REGISTRAR'S SIGNATURE <i>Vestal Bushman</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Clinkingbeard Funeral Home, Ava, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 13 1949

OFFICE OF THE DISTRICT ATTORNEY

District File Number 1049-1061

Date Filed 10-8-49

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

*Charles R. Fish*

Licensed Embalmer No. 4662

P. O. Address Ava, 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.