No. 300
10.48

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32764 48

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

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

3. NAME OF DECEASED (Type or Print)
a. (First): Oscar
b. (Middle): Eugene
c. (Last): Head

4. DATE OF DEATH (Month) (Day) (Year): 9 - 15 - 49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11 - 2 - 1878
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months 10 Days 13
IF UNDER 24 HRS.: Hours Min.

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

13a. FATHER'S NAME: Daniel Head
13b. MOTHER'S MAIDEN NAME: Sarah Harmon
14. NAME OF HUSBAND OR WIFE: Viola Musselman Head

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 707-09-7953
17. INFORMANT'S SIGNATURE OR NAME: Viola Head
ADDRESS: Milan

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) Chronic Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 214

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

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 ☐ 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* _____, 1937, *to* _____, 1949, *that I last saw the deceased alive on* Sept 11, 1949, *and that death occurred at* 8 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. G. Simmons (Degree or title): D.O.
23b. ADDRESS: Milan, Mo.
23c. DATE SIGNED: Sept 19, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/17/49
24c. NAME OF CEMETERY OR CREMATORY: St. Marys
24d. LOCATION (City, town, or county) (State): Milan Mo.

DATE REC'D BY LOCAL REG.: Sept 24 - 1949
REGISTRAR'S SIGNATURE: Mrs. H. B. Harris 320
25. FUNERAL DIRECTOR'S SIGNATURE: Schneider Dwight Schneider
ADDRESS: Milan Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 3 1949
District Health Officer No. 16
District File Number 10-49-16
Date Filed OCT 3 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 Dwight Schoonover

Signed .....
Student Embalmer

Licensed Embalmer No. 2667

P. O. Address Milan Ill.

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.