

FILED OCT 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32824**

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 161	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keokuk Wash. 10M 17D		c. LENGTH OF STAY (In this place) 10M 17D		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville			
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp # 32				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) ALFRED b. (Middle) REQUAY c. (Last) REQUAY			4. DATE OF DEATH (Month) (Day) (Year) 10-3-49				
5. SEX Male	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-18-1862		9. AGE (In years last birthday) 87	If under 1 year Months 4	If under 2 yrs. Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) Calif		12. CITIZENSHIP OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Alfred Requay		13b. MOTHER'S MAIDEN NAME Elizabeth P		13. NAME OF HUSBAND OR WIFE Emma Requay			
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 Hospital record				
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						
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 7	
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer of side face					4500	
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 11-16 , 19 48 to 10-3 , 19 49 that I last saw the deceased alive on 10-2 , 19 49 and that death occurred at 225 PM. , from the causes and on the date stated above.							
23a. SIGNATURE R. S. Hall M.D. (Degree or title)			23b. ADDRESS Levada Mo		23c. DATE SIGNED 10-3-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-3-49	24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Cassville, Mo.			
DATE REC'D BY LOCAL REG. Oct. 3, 1949	REGISTRAR'S SIGNATURE Walter H. Young		331	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rooser Fun. Home, Cassville Mo.			

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300

10-48

RECEIVED
District Health Officer No. 71
District File Number 9-49-1197
Date Filed 10-10-49

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 H.H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Providence, 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.