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FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34591

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5893 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gainesville, Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gainesville, Mo Rural Lick Creek	
c. LENGTH OF STAY (in this place) 15 Yrs		d. STREET ADDRESS (If rural, give location) Rural - Ozark Co	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ozark Co			

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) S. c. (Last) Petro			4. DATE OF DEATH (Month) (Day) (Year) Oct- 24-1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 8, 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 8 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Teaming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) State Of Ind.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Petro		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ida Monross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Bernice Peters, Gainesville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Instant	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	
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) 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 about 6 P, 1949, 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.

23. SIGNATURE (D, M, or title) M J Hoerman MD		23b. ADDRESS Coronet Gainesville Mo		23c. DATE SIGNED 10/28/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 28, 1949	24c. NAME OF CEMETERY OR CREMATORY Sanders Cemetery	24d. LOCATION (City, town, or county) (State) Ozark Co. Mo		
DATE REC'D BY LOCAL REG. 10/28/49	REGISTRAR'S SIGNATURE William Cozwell	405	25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home		ADDRESS Gainesville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1 1949
District Health Office No. 6,
District File Number 1149-1196
Date Filed 11-1-49

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

Chester A. Roof

Licensed Embalmer No. 3044

P. O. Address

Gainesville, 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.