

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 33

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

1. PLACE OF DEATH a. COUNTY <u>Christian County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Christian 22</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark, Mo. 0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldorado, Rural 0</u>	
c. LENGTH OF STAY (in this place) <u>2 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Brown's Township 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hagerwood Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>—</u> c. (Last) <u>John</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 28-1870</u>
9. AGE (In years last birthday) <u>78 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm John</u>		13b. MOTHER'S MAIDEN NAME <u>Kathleen Braden</u>	14. NAME OF HUSBAND OR WIFE <u>Martha John</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Martha John Eldorado Mo</u>

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		INTERVAL BETWEEN ONSET AND DEATH <u>one wk</u> <u>4 yrs</u> <u>1 wk</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>no operation</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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)	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 Aug 24 1949, to Aug 5 1949, that I last saw the deceased alive on Aug 5 1949, and that death occurred at 2:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>R.R. Fathall MD</u>	(Degree or title)	23b. ADDRESS <u>Ozark Mo</u>	23c. DATE SIGNED <u>Sept 7-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Aug 7-49</u>	(NAME OF CEMETERY OR CREMATORY) <u>Douglass County Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark Mo</u>
DATE REC'D BY LOCAL REG <u>Nov 1-1949</u>	REGISTRAR'S SIGNATURE <u>Luella Leonard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Chaffin</u>	
		ADDRESS <u>Ozark Mo</u>	

RECEIVED NOV 15 1949
District Health Office No. 6,
District File Number 1149-115 *6*
Date Filed 11-15-49

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.