

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36774**

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>5401</u>		Registrar's No. <u>67</u>									
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drury</u>		c. LENGTH OF STAY (in this place) <u>1</u> <u>50</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drury</u>											
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)											
3. NAME OF DECEASED (Type or Print) <u>Thomas</u>			a. (First) <u>Thomas</u>			b. (Middle)									
			c. (Last) <u>Ousley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-28-49</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>9-26-99</u>		9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Vanzant, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>CRAWFORD OUSLEY</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Hopper</u>				14. NAME OF HUSBAND OR WIFE <u>Agnes Hill Ousley</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tom Ousley</u>						ADDRESS <u>Drury, 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, asthma, etc. *It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Right Lung</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>163X</u>			
19a. DATE OF OPERATION <u>12-48</u>		19b. MAJOR FINDINGS OF OPERATION <u>ca of lung</u>										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, etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ava Douglas Mo</u>									
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 <u>7-14-1947</u> , to <u>10-28-1949</u> , that I last saw the deceased alive on <u>10-28-1949</u> , and that death occurred at <u>2:30P.m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE <u>M. C. Bentley</u>						(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Ava Mo</u>				23c. DATE SIGNED <u>11-5-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ava</u>				24d. LOCATION (City, town, or county) (State) <u>Ava, Missouri</u>							
DATE REC'D BY LOCAL REG <u>Nov. 28-49</u>		REGISTRAR'S SIGNATURE <u>Uesta Bushman</u>				84		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard Funeral Home, Ava, Mo.</u>						ADDRESS	

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

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RECEIVED NOV 29 1949
District Health Office No. 6,
District File Number 1149-1297
Date Filed 11-30-49

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.