

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38048

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. MARION ST.</u>		d. STREET ADDRESS (If rural, give location) <u>W. MARION ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIE</u> b. (Middle) <u>MILES</u> c. (Last) <u>SIX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 29, 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>AUG. 31, 1874</u>
9. AGE (In years) (last birthday) <u>75</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>ILLINOIS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>LOGAN SIX</u>		13b. MOTHER'S MAIDEN NAME <u>ALPHA BOURLAND</u>	14. NAME OF HUSBAND OR WIFE <u>EDITH SIX</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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Marie Yett Perry 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 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>diabetic mellitus and complications</u> DUE TO (c) <u>of age.</u> 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 <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) (Minute)	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>Nov. 29, 1949</u> to <u>Nov. 29, 1949</u> , that I last saw the deceased alive on <u>Nov. 29, 1949</u> and that death occurred <u>Nov. 29, 1949</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Nellie S. Christman</u> (Degree or title)		23b. ADDRESS <u>PARIS, MO.</u>	23c. DATE SIGNED <u>11-29-49.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 1, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LICK CREEK</u>	24d. LOCATION (City, town, or county) (State) <u>PERRY MO.</u>
DATE RECD BY LOCAL REG. <u>11-27-49.</u>	REGISTRAR'S SIGNATURE <u>J. A. Barnett</u> 435	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed Blakey PARIS, MO.</u>	

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

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RECEIVED DEC 12 1949  
District Health Officer No. 10  
District File Number 12-49-206  
Date Filed .....

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..... *E. H. Agnew* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4000 .....

P. O. Address..... Paris, Missouri. .....

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.