

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38052**

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 228		PRIMARY REG. DIST. NO. 5808		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural)		c. LENGTH OF STAY (In this place) 4 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Home (Rural)		d. STREET ADDRESS (If rural, give location) Bellflower Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Ray c. (Last) Core				4. DATE OF DEATH (Month) (Day) (Year) 12 4 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-18-1876	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General duties		11. BIRTHPLACE (State or foreign country) Landcaster Co Nebraska	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Philip Core		13b. MOTHER'S MAIDEN NAME Sarah E. Ingram		14. NAME OF HUSBAND OR WIFE Nettie Edna Core	
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. 522-30-4868-A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nettie Edna Core, Bellflower 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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 16 min	
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) (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 Jan 10, 1949 , to Dec 4, 1949 , that I last saw the deceased alive on Dec 4, 1949 and that death occurred at 9:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Willis H. Walls, M.D.				23b. ADDRESS Willisville		23c. DATE SIGNED 12/4/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 7-1949		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem		24d. LOCATION (City, town, or county) (State) Greenwood Nebraska	
BATE REC'D BY LOCAL REG. Dec 18-49		REGISTRAR'S SIGNATURE Mrs. Ray Miller		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Oland A. Jones, Bellflower Mo.			

RECEIVED 12-13-49
District Health Officer No. 9,
District File Number

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 _____

Me _____ Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Alond A. Jones _____

Licensed Embalmer No. 2978 _____

P. O. Address Bellflower 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.