

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41578

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

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 5645		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY LAWRENCE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAWRENCE			
b. CITY (If outside corporate limits, write RURAL and give town) VERONA		c. LENGTH OF STAY (in this place) 1 township		c. CITY (If outside corporate limits, write RURAL and give township) VERONA		\$5	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Southwest of Aurora				d. STREET ADDRESS (If rural, give location) 4 miles S.W. of Aurora			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) A		c. (Last) ENGLISH		4. DATE OF DEATH (Month) (Day) (Year) 12 4 1949	
5. SEX M A W		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH April 23-1872	
9. AGE (In years last birthday) 77		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11. BIRTHPLACE (State or foreign country) Sweden		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Sweden		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Marnie English			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marnie English Aurora 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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) U & M I A 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 12-1, 1949, to 12-4, 1949, that I last saw the deceased alive on 12-4, 1949, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE R. Rowan (Degree or title) M.A.				23b. ADDRESS Aurora Mo		23c. DATE SIGNED 12-9-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/7/49		24c. NAME OF CEMETERY OR CREMATORY SPRINGVIEW		24d. LOCATION (City, town, or county) (State) VERONA MO	
DATE REC'D BY LOCAL REG. Dec 9-49		REGISTRAR'S SIGNATURE Oso Mc. Natt 157		25. FUNERAL DIRECTOR'S SIGNATURE Oscar L. Marsh		ADDRESS Aurora, MO	

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District Health Office No. 6,
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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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 3812

P. O. Address Amoria 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.