

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1577
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg.</u> <u>6512</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>318, Clark.</u>	
3. NAME OF DECEASED a. (First) <u>Alice</u>		b. (Middle) <u>Lake</u>	
c. (Last) <u>Hamisfar</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1950.</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>13, May, 1891</u>
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>	11. BIRTHPLACE (State or foreign country) <u>MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Darius Lake</u>	
13b. MOTHER'S MAIDEN NAME <u>Virginia M. Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. M. D. Hamisfar.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Florence Hamisfar, Warrensburg, MO.</u>		ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial injuries</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>rec'd in automobile accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broken rt arm & rt leg and multiple bruises</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>E 8/21</u> <u>25</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in store & brown</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Warrensburg Johnson</u> (COUNTY) <u>Mo</u> (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 1 '50 6:00P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Was hit by car when crossing the street</u>	
22. I hereby certify that I attended the deceased from <u>Jan 5, 1950</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30A.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kelly Rawlins M.D. Coroner</u> (Degree or title)		23b. ADDRESS <u>Holder Mo</u>	
23c. DATE SIGNED <u>1/5/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>7, Jan, 1950.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem (near Warrensburg, Mo.</u>	
24d. LOCATION (City, town, or county) _____ (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips, Warrensburg, MO.</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>147</u>	

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

0502
0

1

X

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. 358

working under my personal supervision.

Student Leo P. Mc Geurk
Student Embalmer

Signed J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.