

FILED JAN. 13 1950 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1741

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5749 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Park Deep</u>	c. LENGTH OF STAY (In this place) <u>7 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Park Deep</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 mi. N.W. of Fredericktown</u>		d. STREET ADDRESS (If rural, give location) <u>10 mi. N.W. of Fredericktown</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>	b. (Middle) <u>Albert</u>	c. (Last) <u>Preston</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1950</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>April 9, 1898</u>
9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	11. BIRTHPLACE (State or foreign country) <u>Near Sedge City, Kansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Preston</u>	13b. MOTHER'S MAIDEN NAME <u>Daisy Chambers</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Mae Preston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I.</u>	16. SOCIAL SECURITY NO. <u>494-07-9513</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Mae Preston - Fredericktown, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MITRAL INSUFFICIENCY</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</u> DUE TO <u>with Ruptured Compensation</u> <u>marked enlargement of heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 X</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis with Hypertension?</u>		
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 <u>April 19</u> to <u>1-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 30</u> , 19 <u>49</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>S. Chloughtry M.D.</u>	(Degree or title)	23b. ADDRESS <u>Fredericktown Mo</u>	23c. DATE SIGNED <u>1-9-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Jan. 11, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-10-1950</u>	REGISTRAR'S SIGNATURE <u>Florence Rich</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adams</u>	ADDRESS <u>Fredericktown, Mo.</u>

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

FEB 8 1950
JAN 28 1950

RECEIVED 1-12-50
District Health Officer No. 4
District File Number 150-72
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.

Student _____
Student Embalmer

Signed J. Polyan Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.