

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1792

State File No. ....

0650

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

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>5771</u>		Registrar's No. <u>1</u>							
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Mercer</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Mo.</p>				b. COUNTY <p style="text-align: center;">Mercer <u>0050</u></p>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Lineville Mo.</u>		c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Lineville, Mo.</u>				U					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Harden</p>			b. (Middle)			c. (Last) <p style="text-align: center;">Wasson</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Jan. 3, 1950</p>				
5. SEX <p style="text-align: center;">Male <u>0</u></p>		6. COLOR OR RACE <p style="text-align: center;">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>		8. DATE OF BIRTH <p style="text-align: center;">Dec. 4, 1868</p>		9. AGE (In years last birthday) <p style="text-align: center;">81</p>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Horse Buyer (Retired)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Livery Stable</u>		11. BIRTHPLACE (State or foreign country) <u>Decatur County Iowa</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <p style="text-align: center;">Miles A. Wasson</p>				13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Rachael J. Stokes</p>				14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Elizabeth Wasson</p>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>				16. SOCIAL SECURITY NO. <p style="text-align: center;">None</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Miles Wasson</p>				ADDRESS <p style="text-align: center;">Lineville Ia.</p>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Parkinson Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">190X</p>			
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) (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 <u>Oct, 1948</u> to <u>1-3, 1950</u> , that I last saw the deceased alive on <u>1-2, 1950</u> and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <p style="text-align: center;">[Signature]</p>						23b. ADDRESS <p style="text-align: center;">[Address]</p>			23c. DATE SIGNED <p style="text-align: center;">[Date]</p>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <p style="text-align: center;">Jan. 5, 1950</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Evergreen Cemetery</p>				24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Lineville - Iowa</p>					
DATE REC'D BY LOCAL REG. <p style="text-align: center;">1-11-50</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">[Signature]</p>				FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">[Signature]</p>				ADDRESS <p style="text-align: center;">Lineville Ia.</p>			

JAN 30 1950



**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

*Ames L. Greener*

Licensed Embalmer No. 3967

P. O. Address Linville, Iowa

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.