

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3678

1100

BIRTH NO. _____ REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 6240 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Harmony</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Harmony</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>Near Courtlaid mo</u>		d. STREET ADDRESS (If rural, give location) <u>Near Courtlaid mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Healy</u> b. (Middle) <u>William</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb 26-1876</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	11. BIRTHPLACE (State or foreign country) <u>Crawford Co. Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>William Dunlap</u>		13b. MOTHER'S MAIDEN NAME <u>Polly A. Gamm</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ida William Courtlaid 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-vascular Disease</u> 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"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>443X</u>	
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>September 19 1949</u> , to <u>Jan 21</u> , 1950, that I last saw the deceased alive on <u>Jan 5</u> , 1950, and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edward M. Lake, Jr. D.O.</u>		23b. ADDRESS <u>Patton, Missouri</u>	
23c. DATE SIGNED <u>Jan 23, 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>63rd</u>	
24d. LOCATION (City, town, or county) (State) <u>Ward Crawford Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mr. Luther Sparks Patton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-26-50</u>		REGISTRAR'S SIGNATURE <u>Ella J. White 336</u>	

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

FEB 8 1950

RECEIVED

JAN 28 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150 - 129

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 *Murphy*

Licensed Embalmer No. 14336

P. O. Address *Flat House*

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.