

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5578
Registrar's No. 59

BIRTH NO. 9347-50 REG. DIST. NO. 281 PRIMARY REG. DIST. NO. 3048

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

1. PLACE OF DEATH a. COUNTY <i>Madawaski</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Madawaski</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Marionville mo</i>		c. LENGTH OF STAY (in this place) <i>18 yrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Conception Jct</i>		OR TOWN <i>0940</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mountain View Hospital</i>			d. STREET ADDRESS (If rural, give location) <i>Rural</i>		

3. NAME OF DECEASED (Type or Print) a. (First) <i>Judy</i> b. (Middle) <i>K.</i> c. (Last) <i>Robert</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar 10-1950</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Mar 9-1930</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>9</i>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <i>Keshel Robert</i>	13b. MOTHER'S MAIDEN NAME <i>Fluence B. Benson</i>	14. NAME OF HUSBAND OR WIFE			
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.	17. INFORMANT'S SIGNATURE OR NAME <i>Keshel Robert Conception Jct</i>			
		ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prematurity</i>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Multiple Birth</i>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<i>774x</i>
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 *2-9*, 1950, to *3-10*, 1950, that I last saw the deceased alive on *3-10*, 1950, and that death occurred at *11:50 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>R. J. Parton</i>	23b. ADDRESS <i>Marionville mo</i>	23c. DATE SIGNED <i>3-10-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3-11-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>High Ridge Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Marionville mo</i>
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DATE REC'D BY LOCAL REG. <i>3-11-50</i>	REGISTRAR'S SIGNATURE <i>Bess Holt</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Haddis & Phillips</i>	ADDRESS <i>Conception Jct mo</i>
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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 Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.