

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7300**
52

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6127** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) Birch Tree, Mo		c. CITY (If outside corporate limits, write RURAL and give township) Birch Tree, Mo	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION None		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Liza c. (Last) Sechrest			4. DATE OF DEATH (Month) (Day) (Year) Jan, 30 - 1950
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 30 1868
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Hugh Woods		13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Frank Sechrest
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Ada Stacy ADDRESS Birch Tree, Mo
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) apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Blood pressure 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"/>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 1/29, 1950 , and that death occurred at 3 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE R. L. Davis M.D.		23b. ADDRESS Birch Tree Mo.	23c. DATE SIGNED 1/31-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 31 1950	24c. NAME OF CEMETERY OR CREMATORY Flat Woods Cem
24d. LOCATION (City, town, or county) (State) Eminence, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home Mtn View, Mo ADDRESS	
DATE REC'D BY LOCAL REG. 2-27-1950		REGISTRAR'S SIGNATURE G. S. Peckham	

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

1010

MAR 17 1950

MAY 19 1950

RECEIVED

District Health Officer No. 5,

District File Number 350-196

Date Filed 3/9/50

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 Joe R. Duncan
Licensed Embalmer No. 4325
P. O. Address West View, Pa.

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.