

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8199

BIRTH NO. _____		REG. DIST. NO. 108		PRIMARY REG. DIST. NO. 4179		Registrar's No. 6		
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Searcy b. COUNTY MO				
b. CITY OR TOWN Searcy MO		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Searcy		0350		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Albert c. (Last) Miss			4. DATE OF DEATH (Month) (Day) (Year) March 2 50					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1874 Mar 25 1864		9. AGE (in years last birthday) 75	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Searcy MO		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME John Jacob Miss		13b. MOTHER'S MAIDEN NAME Wm't Wood		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 Slide Miss		ADDRESS		
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 Sudden ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 5 Days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) Searcy		(COUNTY) Franklin	(STATE) MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 at death, to _____, 19____, that I last saw the deceased alive on 3-2-50, 1950, and that death occurred at 9:45 P. M., from the causes and on the date stated above.								
23a. SIGNATURE H. Ashfield MD				23b. ADDRESS Searcy MO		23c. DATE SIGNED 3-2-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) S		24b. DATE March 3	24c. NAME OF CEMETERY OR CREMATORY Macy		24d. LOCATION (City, town, or county) Green Ark		(State)	
DATE REC'D BY LOCAL REG. 3-2-50		REGISTRAR'S SIGNATURE Mrs J. H. Lamer 91		25. FUNERAL DIRECTOR'S SIGNATURE A. J. Emerson		ADDRESS Wagon Road		

(Licensed Embalmer's Statement on Reverse Side)

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

350
1

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-11-50

COUNTY FILE NUMBER 350-86

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 _____

Robert Embalmer in MD Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed W. J. Emerson

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.