

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 16 1950

No. 300
10.48

BIRTH NO. 2440-50 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3228 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Casper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sarsapie Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks</u>		d. STREET ADDRESS (If rural, give location) <u>Mo 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Gene</u> b. (Middle) <u>Statts</u> c. (Last) <u>III</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>Jan 10 - 50</u>		9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>C</u>		11. BIRTHPLACE (State or foreign country) <u>Carthage Mo</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Robt G Statts II</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Jo Winn</u>		14. NAME OF HUSBAND OR WIFE	
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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. <u>1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Statts II Sarsapie Mo</u>	
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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>Malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>T. mo. pneumonia,</u> DUE TO (c) <u>Unborn</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u> <u>7720</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Jan 11, 1960, to 2-10, 1960, that I last saw the deceased alive on 2-10, 1960, and that death occurred at 4:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>M. E. II</u>		23b. ADDRESS <u>Sarsapie Mo</u>		23c. DATE SIGNED <u>2-11-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarsapie Cem</u>	
				24d. VOCATION (City, town, or county) (State) <u>Sarsapie Mo</u>	

DATE REC'D BY LOCAL REG. <u>2-14-50</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson & Low, Sarsapie Mo</u>	
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Per. H. Ferguson Licensed Embalmer's Statement on Reverse Side

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

RECEIVED 2-20-50
Jasper County Health Office

County File Number 50-2-109

Date Filed

MAY 5

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed Wm H Jackson

Signed _____
Student Embalmer

Licensed Embalmer No. 3954

P. O. Address Sarasota Fla

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.