

STANDARD CERTIFICATE OF DEATH

FILED APR 7 1950

State File No. ....

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5762 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emerson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emerson</u>	
c. LENGTH OF STAY (in this place) <u>78 years</u>		1640	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED. (Type or Print) a. (First) <u>Susie</u> b. (Middle) <u>Belle</u> c. (Last) <u>Netherland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 1, 1871</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone</u>	11. BIRTHPLACE (State or foreign country) <u>Emerson, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Netherland</u>	
13b. MOTHER'S MAIDEN NAME <u>Theodosia Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eddie Shade, Palmyra, Mo.</u>		ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete heart block</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>generalized arteriosclerosis</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4500</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>A</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Palmyra, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>25 March 1950</u>	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>25 March 1950</u> to <u>26 March 1950</u> , that I last saw the deceased alive on <u>25 March 1950</u> , and that death occurred at <u>10:10am</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Worth Hamlin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Palmyra Missouri</u>	
23c. DATE SIGNED <u>29 March 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/28/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Emerson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Emerson, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3/31/50</u>	REGISTRAR'S SIGNATURE <u>By Viola Lee</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Worth Hamlin</u> ADDRESS <u>Palmyra, Mo.</u>	

RECEIVED APR 4 1950  
MARION O. HEALTH DEPT.  
DATE FILED APR 5 1950

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.

Signed \_\_\_\_\_

*Bob Lewis*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *7382*

P. O. Address *Palmyra Mo.*

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.

*W. H. Lewis*