

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9856**

FILED APR 3 1950

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give town) Rolla		c. LENGTH OF STAY (In this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) St. James, Missouri. 0811			
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home				d. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) _____			c. (Last) Exendine	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1950							
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 25, 1866	
9. AGE (In years last birthday) 84		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) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Sarah J. Exendine	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs John Devault, St. James, 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) Cerebro-vascular accident					INTERVAL BETWEEN ONSET AND DEATH 2 wks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arterio sclerosis					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					331X
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. James, Mo. Phelps County			
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 Sept. 1, 1949 , to Feb. 8, 1950 , that I last saw the deceased alive on Feb. 8, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James P. Barth				23b. ADDRESS St. James, Mo.		23c. DATE SIGNED 2/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-11-1950		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) St. James, Missouri	
DATE REC'D BY LOCAL REG. 3-20-50		REGISTRAR'S SIGNATURE Nadine L. Stoeck			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.E. Lickliger, St. James, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

1812
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

COPY

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 3-28-50

~~CONFIDENTIAL~~

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 *Ozell E. Lickheller*

Signed _____
Student Embalmer

Licensed Embalmer No. 3546

P. O. Address *St. James*

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.