

No. 300
10-48

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11705

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>	c. LENGTH OF STAY (in this place) <u>15 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>1967</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>317 N. Belmont</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u>	b. (Middle)	c. (Last) <u>Emo</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED. <u>Yes</u> (Specify)	8. DATE OF BIRTH <u>Aug. 13 1887</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>	11. BIRTH PLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Margaret Ems</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Verica</u>	14. NAME OF HUSBAND OR WIFE <u>Idea Ems</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-12-7212</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Ems</u> ADDRESS <u>28 East...</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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 5/1 March 1950, to 26 March 1950, that I last saw the deceased alive on 25 March 1950, and that death occurred at 4:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray W. Seare M.D.</u>	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>28 Mar 50</u>
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24a. BURIAL (Specify) <u>10</u>	24b. DATE <u>March 28 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Means Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>
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DATE REC'D BY LOCAL REG <u>Mar 30 50</u>	REGISTRAR'S SIGNATURE <u>Walter H. Wallace</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry...</u> ADDRESS <u>Nevada Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 71

District File Number 3-50-33

Date Filed 4-4-58

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  _____

Licensed Embalmer No. 1760

P. O. Address Nevada 7mo

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.