FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11715

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 42

1002

B

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

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (in this place): 31 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 402 South Cedar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Zwincey
d. STREET ADDRESS (If rural, give location): North Part of Town

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): R
c. (Last): Raymond

4. DATE OF DEATH (Month) (Day) (Year): March 10 - 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 17, 1864
9. AGE (In years last birthday): 86 — 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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Anderson Rest Home - Nevada, Mo — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Liver. — INTERVAL BETWEEN ONSET AND DEATH: Dont Know

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Dont Know.
DUE TO (c): ✓

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Advanced Age. — 156A

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

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) (COUNTY) (STATE): ✓
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* Feb 9, 1950, *to* Mar 10, 1950, *that I last saw the deceased alive on* Mar. 8th, 1950, *and that death occurred at* 3:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W S Love MD
23b. ADDRESS: Nevada, Mo
23c. DATE SIGNED: 3/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Beaurial
24b. DATE: 3-11-50
24c. NAME OF CEMETERY OR CREMATORY: Gentry Cemetery
24d. LOCATION (City, town, or county) (State): Zwincey, Mo

DATE REC'D BY LOCAL REG.: Mar. 11, 1950
REGISTRAR'S SIGNATURE: Kathryn H. Yancey
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25. FUNERAL DIRECTOR'S SIGNATURE: Gilbert Hathaway — ADDRESS: Wheatland, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-50-252
Date Filed 2-21-50

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 Chas. Gilbert Dethoway
Licensed Embalmer No. 4267
P. O. Address Wheatland, Wyo.

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.