

FILED MAY 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11891

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Benton county</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warsaw</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warsaw</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Hiram</u> b. (Middle) <u>Peter</u> c. (Last) <u>Sousley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 4, 1900</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Camden Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Thomas Sousley</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Hibdon</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Sousley</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>487-18-8686</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Sousley</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Alcoholism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Alcoholism</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>General Debility</u> <u>Virus Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH? <u>12 hours</u> <u>3220</u> <u>UNK.</u> <u>UNK.</u> <u>3 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 November, 1948, to 19 April, 1950, that I last saw the deceased alive on 15 April, 1950, and that death occurred at 9-12 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>David H. Glenn</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Warsaw Mo</u>		23c. DATE SIGNED <u>22 April 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roach Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Apr 22 1950</u>		REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Moran Warsaw, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

0080

0080

JUN 7 1950

RECEIVED - 5-1-50
District Health Officer No. 7,
District File Number 4-50-442
Date Filed 5-1-50

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 John J. Reser
Licensed Embalmer No. 4098

P. O. Address Warsaw

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.