

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14221

0896
4

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give town) Richmond Rural		c. LENGTH OF STAY (in this place) 12 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ray County Home		c. CITY (If outside corporate limits, write RURAL and give township) Richmond rural	
		d. STREET ADDRESS (If rural, give location) Street not listed	
3. NAME OF DECEASED (Type or Print) a. (First) Franklin Elimial		b. (Middle) Head	
		c. (Last) Head	
4. DATE OF DEATH (Month) (Day) (Year) April 1, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 18, 1901
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR 11 Months 24 Days	IF UNDER 24 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never employed		10b. KIND OF BUSINESS OR INDUSTRY Never employed	
11. BIRTHPLACE (State or foreign country) Fleming, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John J. Head		13b. MOTHER'S MAIDEN NAME Fannie Miller	
14. NAME OF HUSBAND OR WIFE None			
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 John J. Head, Fleming, Missouri		ADDRESS Fleming, Missouri	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Dilatation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforated Gastric Ulcer DUE TO (c) " II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 5401	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 March 31, 1950 , to April 1, 1950 , that I last saw the deceased alive on April 1, 1950 and that death occurred at 6:15 P.M. from the causes and on the date stated above.			
23a. SIGNATURE E. E. Gair		23b. ADDRESS Richmond	
23c. DATE SIGNED 4-4-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 5, 1950	
24c. NAME OF CEMETERY OR CREMATORY South Point		24d. LOCATION (City, town, or county) (State) Ray County, Missouri	
DATE REC'D BY LOCAL REG. April 5, 1950		REGISTRAR'S SIGNATURE Maabel Jackson	
25. FUNERAL DIRECTOR'S SIGNATURE Quest-Life Funeral Home		ADDRESS Richmond, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 10

District Health Officer No. 8

District File Number.....

Date Filed 4-22-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed: *George H. [Signature]*

Signed.....
Student Embalmer

Licensed Embalmer No. 4066

P. O. Address: *Richmond, Va*

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.