

FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17315

State File No.

0551
 0

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

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AURORA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buck Prairie township	
d. FULL NAME OF HOSPITAL OR INSTITUTION AURORA HOSPITAL		d. STREET ADDRESS (If rural, give location) Rural-- Buck Pratte	
3. NAME OF DECEASED (Type or Print) a. (First) ERNEST b. (Middle) SAMUEL c. (Last) MOURNING			4. DATE OF DEATH (Month) (Day) (Year) MAY 21 1950
5. SEX male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 20, 1882
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) distilling of salt	11. BIRTHPLACE (State or foreign country) KANSAS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) distilling of salt		10b. KIND OF BUSINESS OR INDUSTRY salt company	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME SAMUEL MOURNING		13b. MOTHER'S MAIDEN NAME MARTHA FRANCIS	14. NAME OF HUSBAND OR WIFE CECIL FANNY LANE
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. _____	17. INFORMANT'S SIGNATURE OR NAME MRS. WALTER CLARK 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) Chronic Parench. Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222	
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) _____		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 <u>May 15, 1950</u> , to <u>May 21, 1950</u> , that I last saw the deceased alive on <u>May 20, 1950</u> , and that death occurred at <u>5:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE W. D. Hurron M.D. (Degree or title)		23b. ADDRESS Aurora Mo	
23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE May 23-50	
24c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY		24d. LOCATION (City, town, or county) (State) CRANE? MISSOURI	
DATE REC'D BY LOCAL REG. May 23-50		REGISTRAR'S SIGNATURE Dora Mc Natto	
25. FUNERAL DIRECTOR'S SIGNATURE WILLIAM WOOD		ADDRESS AURORA MO.	

RECEIVED MAY 31 1950
District Health Office No. 6,
District File Number 650-630
Date Filed 6-3-50

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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Burora, Mo

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.