

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17334**
Registrar's No. **240**

BIRTH NO. _____ REG. DIST. NO. **397** PRIMARY REG. DIST. NO. **5649**

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY LAWRENCE	
b. CITY OR TOWN Rural Mt Pleasant Twp		c. CITY OR TOWN Rural Mt Pleasant - Township	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Route 1 5 Mi North of Pierce City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Mi North of Pierce City			
3. NAME OF DECEASED a. (First) Samuel b. (Middle) Sanders c. (Last) Hirsch		4. DATE OF DEATH (Month) (Day) (Year) 5 3 50	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH 9/22/78
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) LAWRENCE County Mo
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Farming	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Fred Hirsch		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Laura Hirsch P.C.
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 Mrs Laura Hirsch Pierce City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. B32X	
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 Dec 5, 1949 , to May 3, 1950 , that I last saw the deceased alive on May 3, 1950 , and that death occurred at 3:50 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Charles A. Spears M.D. (Degree or title)		23b. ADDRESS Pierce City Mo	
23c. DATE SIGNED 5/5/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/5/50	
24c. NAME OF CEMETERY OR CREMATORY Pierce City Cemetery		24d. LOCATION (City, town, or county) (State) Pierce City Mo	
DATE REC'D BY LOCAL REG. 5-5-50		REGISTRAR'S SIGNATURE J. M. Norris	
FUNERAL DIRECTOR'S SIGNATURE William J. Westfall		ADDRESS Pierce City Mo	

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

RECEIVED MAY 16 1950
District Health Office No. 6,
District File Number 550-576
Date Filed 5-20-50

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed J. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett 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.