

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17719

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5923		Registrar's No. 191	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia, Rural 71				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia, 0800			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 14, Cedar twmsp				d. STREET ADDRESS (If rural, give location) Route 4			
3. NAME OF DECEASED (Type or Print)		a. (First) ANDREW		b. (Middle) JACKSON		c. (Last) WASSON	
4. DATE OF DEATH		May 19, 1950		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 16, 1860		9. AGE (In years last birthday) 90		10. UNDER 1 YEAR 4	
11. BIRTHPLACE (State or foreign country) Pettis County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Wasson		13b. MOTHER'S MAIDEN NAME Mary Ann Regan	
14. NAME OF HUSBAND OR WIFE Mary Ellen Rumsey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Myra Rhoads, Rt. 4, Sedalia, Mo.	
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) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prominent DUE TO (c) Senility & sen. debility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broken hip, several yrs. ago.				INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
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)		501XF	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Aug 4-5, 1857 to 5-19-57 that I last saw the deceased alive on 5-18-57 and that death occurred at 8:00 P. m., from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) A. J. Campbell M.D.		23b. ADDRESS Sedalia Mo. 5-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/21/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Herman		24d. LOCATION (City, town, or county) (State) Rural Pettis	
DATE REC'D BY LOCAL REG. 5-20-50		REGISTRAR'S SIGNATURE A. J. Campbell M.D.		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 29

District Health Officer No. 8,

District File Number

Date Filed

5/31/50

Dr. Campbell

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

R. E. Baker

Licensed Embalmer No.

2419

P. O. Address

Sealed

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.