

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19043

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1323 PRIMARY REG. DIST. NO. 4473 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackburn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackburn 0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Mary	b. (Middle) Jane		c. (Last) Koontz		May 27 1950
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 24th 1885		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Saline County, Mo		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME George W. Seals		13b. MOTHER'S MAIDEN NAME Mildred Ann Guthrie		14. NAME OF HUSBAND OR WIFE Taylor Koontz	
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 ADDRESS Taylor Koontz - Blackburn, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 5 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Central Hemorrhage			5 days
ANTECEDENT CAUSES		DUE TO (b) Cardio-vascular and disease			?
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Diabetes mellitus			4/42X
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			?

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)		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 April 1, 1947, to May 27, 1950, that I last saw the deceased alive on May 27, 1950, and that death occurred at 9:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Douglas Kelling M.D.		23b. ADDRESS Waverly, Mo		23c. DATE SIGNED 5/31/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/30/50		24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	
24d. LOCATION (City, town, or county) (State) Alma, Missouri					

DATE REC'D BY LOCAL REG. 6/1/50		REGISTRAR'S SIGNATURE Dolly Andrews		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Higginville, Mo.	
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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

970

RECEIVED

JUN 5

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

6/7/50

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**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.

Signed \_\_\_\_\_



Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4284

P. O. Address Higginsville, 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.