

FILED JUL 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20618

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 128	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived.) If institution: residence before admission: a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN RURAL - PRAIRIE		c. LENGTH OF STAY (In this place) 5 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0484			
d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSON Co. Emergency				d. STREET ADDRESS (If rural, give location) 220 So. Rogers			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) M.		c. (Last) Duly		4. DATE OF DEATH (Month) (Day) (Year) June 21, 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 8, 1878	
9. AGE (In years last birthday) 71		If UNDER 1 YEAR Months 6		If UNDER 1 YEAR Days 13		If UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) JAMESON, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME No Data		13b. MOTHER'S MAIDEN NAME No Data		14. NAME OF HUSBAND OR WIFE Lessie Pearl Duly			
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. 487-36-1817		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES M. Duly, Indep. 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Lymphatic Leukemia		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES		DUE TO (b) none			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) none			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. none		2040	
19a. DATE OF OPERATION none		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 May 6, 1950, to June 21, 1950, that I last saw the deceased alive on April 19, 1950, and that death occurred at 9 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Donald C. Emswiler, M.D.				23b. ADDRESS Indep. Mo. & Prop.		23c. DATE SIGNED June 22, 1950	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE 6-25-1950		24c. NAME OF CEMETERY OR CREMATORY Coffey Cem.		24d. LOCATION (City, town, or county) (State) Coffey, Missouri	
DATE REC'D BY LOCAL REG. 6-22-50		REGISTRAR'S SIGNATURE Donald C. Emswiler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland P. Speaks, Indep. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 3 RECD

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 *Stanley M. Seaton*

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.