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FILED JUN 23 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22124

State File No.

#96301

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5243

| | | | | | |
|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) | | b. (Middle) | |
| c. (Last) | | 4. DATE OF DEATH | | (Month) (Day) (Year) | |
| 5. SEX | | 6. COLOR OR RACE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 8. DATE OF BIRTH | | 9. AGE (In years last birthday) | | IF UNDER 1 YEAR: Months Days | |
| IF UNDER 24 HRS.: Hours Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | Hypertensive Cardiovascular disease | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) | | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | Atherosclerotic heart disease + | | | |
| 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? HX | |
| 22. I hereby certify that I attended the deceased from 6/5/50, 19, to 6/14/50, 19, that I last saw the deceased alive on 6/14/50, 19, and that death occurred at 12:50am, from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE | | 23b. ADDRESS | | 23c. DATE SIGNED | |
| John Murphy MD | | 1515 Lafayette Ave., | | 6/14/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY | |
| Burial | | 6/16 | | Wood Hill Cemetery | |
| 24d. LOCATION (City, town, or county) (State) | | 24e. FUNERAL DIRECTOR'S SIGNATURE | | 24f. ADDRESS | |
| Annandale Mo | | Berger Memorial | | 915 McPherson | |
| DATE REC'D BY LOCAL REG. | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE | |
| JUN 15 1950 | | J. B. Lasater | | Berger Memorial | |

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

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.

Student Embalmer No.....

Signed.....

Amos A. Anderson

Signed.....

Student Embalmer

Licensed Embalmer No. 4339

P. O. Address.....

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.