

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22701

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 51

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

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LAMAR</u>		c. LENGTH OF STAY (In this place) <u>26 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARTON COUNTY MEMORIAL HOSPITAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LIBERAL</u> <u>0060</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>SECHRIST</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 8 1950</u>	5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>
8. DATE OF BIRTH <u>APRIL 18 1874</u>	9. AGE (In years last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETAIL MERCHANT</u>	11. BIRTHPLACE (State or foreign country) <u>CABOOL, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>	13a. FATHER'S NAME <u>ALLEN SECHRIST</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY BELL</u>	14. NAME OF HUSBAND OR WIFE <u>BELLE BLANCHARD</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GERALD SECHRIST, LIBERAL, MISSOURI</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>old age + hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
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) <u>/</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LAMAR Barton Mo</u>	
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 <u>June 11, 1950</u> , to <u>July 8, 1950</u> , that I last saw the deceased alive on <u>July 8, 1950</u> , and that death occurred at <u>8:15 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Guldner old</u> (Degree or title)		23b. ADDRESS <u>LAMAR Mo</u>	
23c. DATE SIGNED <u>7.10.50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>JULY 10 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>LAMAR, MISSOURI</u>		DATE REC'D BY LOCAL REG. <u>JUL 10 1950</u>	
REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KONANTZ FUNERAL HOME, LAMAR, MO.</u>	

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JUL 17 1950

Dist. File 750-824

Date Filed JUL 18 1950

AUG 26 1950

FEB 24 1953

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

Frank W. Denton

Signed.....
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.