S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23056

BIRTH NO. _____ REG. DIST. NO. 97 PRIMARY REG. DIST. NO. 4118 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Christian County, Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sparta Mo.
c. LENGTH OF STAY (in this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence Sparta Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sparta Mo. 0270
d. STREET ADDRESS (If rural, give location) Sparta Mo.

3. NAME OF DECEASED (Type or Print) a. (First) Esther b. (Middle) — c. (Last) Head

4. DATE OF DEATH (Month) July (Day) 18 (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 4 1903
9. AGE (In years last birthday) 46 yrs
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) Home Keeper
10b. KIND OF BUSINESS OR INDUSTRY Home Keeper
11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Chas. H. Wise
13b. MOTHER'S MAIDEN NAME Sarah Cragar
14. NAME OF HUSBAND OR WIFE Virgil L. Head

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Virgil L. Head ADDRESS Sparta 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Uterus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

174-X

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* July 15, 1950, *to* July 18, 1950, *that I last saw the deceased alive on* July 17, 1950, *and that death occurred at* 9:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Dr. Harlan H. Wilson M.D. (Degree or title)
23b. ADDRESS Sparta Mo.
23c. DATE SIGNED July 24-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 21-1950
24c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery
24d. LOCATION (City, town, or county) Christian County (State) Mo

DATE REC'D BY LOCAL REG. July 25-50
REGISTRAR'S SIGNATURE Lillie Barr
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25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin ADDRESS Ozark Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED JUL 25 1950
Dist. File 250-878
Date Filed 2-31-50

AUG 7 1950

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 T. B. Chaffin
Licensed Embalmer No. 2192
P. O. Address Ozark, 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.