

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29266**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1418 S. First St.</u>		d. STREET ADDRESS (If rural, give location) <u>1418 S. First St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>W.</u>	
		c. (Last) <u>ARCHER</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>9-15-1858</u>	
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>	
IF UNDER 1000 Hrs. Hours <u>0</u> Min. <u>0</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-19-1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Schuyler Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Archer</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Logsdon</u>	
14. NAME OF HUSBAND OR WIFE <u>Cora Whiteford Archer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Blanche Baithitt, Kirksville, Mo.</u>		ADDRESS <u>Kirksville, Mo.</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>Cardiac Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Chronic Nephrosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Senility &amp; Debility</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 mos.</u> <u>2 yrs.</u> <u>5 yrs.</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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>592X</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>Jan 1, 1950</u> , to <u>Sept 19, 1950</u> , that I last saw the deceased alive on <u>Sept 18, 1950</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Estiman</u> (Degree or title)		23b. ADDRESS <u>D.O. 2 - Kirksville Mo</u>	
23c. DATE SIGNED <u>9/23/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-22-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Stukey Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Millard, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-23-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Randolph Davis, Kirksville, Mo.</u>		ADDRESS <u>Kirksville, Mo.</u>	

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

Date Received: SEP 25 1957  
DISTRICT HEALTH OFFICE #2  
District File Number 9-50-1596  
Date Filed: SEP 27 1960

**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 \_\_\_\_\_

*Clarence M. Bill*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address \_\_\_\_\_

*Fiskville, TN*

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.