

FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33306

BIRTH NO.		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 3022		Registrar's No. 82	
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany, Missouri		c. LENGTH OF STAY (in this place) 4 Hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ottawa, Kansas		8150	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bethany Hospital				d. STREET ADDRESS (If rural, give location) R.F.D.# 2			
3. NAME OF DECEASED (Type or Print) a. (First) Wallace b. (Middle) Alfred c. (Last) Black			4. DATE OF DEATH (Month) (Day) (Year) October 13, 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Widowed	8. DATE OF BIRTH May 10, 1874	9. AGE (In years) (Age birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Daviess County, Mo.		12. CITIZEN OF WHAT COUNTRY. U.S.A.	
13a. FATHER'S NAME LaFayette Black		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE SnodaBell Calvert			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carl Morris, Pattonsburg, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial fibrillation DUE TO (c) Coronary sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 24-201				INTERVAL BETWEEN ONSET AND DEATH 17 hours 1 mo. 7 yrs	
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)			
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 Sept 1950, to Oct 13, 1950, that I last saw the deceased alive on Oct 13, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Miriam Gearhart MD (Degree or title)				23b. ADDRESS Bethany Mo		23c. DATE SIGNED 10/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 16, 1950		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Pattonsburg, Mo.	
DATE REC'D BY LOCAL REG. Oct. 17-50		REGISTRAR'S SIGNATURE Zola Burris 116		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pattonsburg, Mo.			

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



OCT 23 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....
Louis Lueb

Licensed Embalmer No. *4096*

P. O. Address *Pattonburg, 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.