

FILED OCT 25 1950 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33848

State File No.

0493
Wood

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>18 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Marion 0490</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1 Reeds</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hosp.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nathaniel</u> b. (Middle) <u>(N)</u> c. (Last) <u>LA FEVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 7, 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Jasper County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John La Fever</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Wheeler</u>		14. NAME OF HUSBAND OR WIFE <u>Rosie D. La Fever</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 ADDRESS <u>Rosie D. LaFever Rt. #1 Reeds, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Colon</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none other</u> DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u></p>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>None</u>	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) (Minute)	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>Aug 5, 1950</u> to <u>Oct 12, 1950</u> , that I last saw the deceased alive on <u>Oct 12, 1950</u> , and that death occurred at <u>11:55 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>			23b. ADDRESS <u>Carthage Mo.</u>		23c. DATE SIGNED <u>Oct 13 '50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-15-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harvey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>N.E. of Carthage, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-14-50</u>	REGISTRAR'S SIGNATURE <u>J. B. Clenton, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ulmer Funeral Home Carthage, Mo.</u>		

RECEIVED 10-24-50
Jasper County Health Office

County File Number 50-10-775

Date Filed 10-24-50

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
Student Embalmer

Student Embalmer No.

Signed *John S. Penneker*
Licensed Embalmer No. 2194
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.