

FILED NOV 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37706

0600

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

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>5707</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>			
b. CITY OR TOWN <u>McMillen</u>		c. LENGTH OF STAY (in this place) <u>9 yr</u>		c. CITY OR TOWN <u>Anderson</u>		RT #1 <u>0600</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles West Anderson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lettie</u>			b. (Middle) _____		c. (Last) <u>Wasson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5 1950</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Widow</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1/23/1872</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		9. AGE (In years last birthday) Months <u>7</u> Days <u>8</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri/Erie</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>BARTON WILLIAMS</u>	
13b. MOTHER'S MAIDEN NAME <u>FANNIE MULBOLAND</u>				14. NAME OF HUSBAND OR WIFE <u>JAMES F. WASSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>H.R. WASSON, Anderson Mo. RT#1</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES				DUE TO (b) <u>arteriosclerosis</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>931X</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) _____		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>May 1950</u> , to <u>Oct 5, 1950</u> , that I last saw the deceased alive on <u>Oct 5, 1950</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>Oct 7, 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/7/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McDonald Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McDonald County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-9-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 9 1950

Dist. File 1150-2292

Date Filed 11-17-50

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 Embalmer No.....

Signed.....
Student Embalmer

Signed

James Kenneth Duerce

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.