No. 300
10-48

0830
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 15 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38022

State File No.

BIRTH NO. REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4423 Registrar's No. 88

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weston 0830
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lewis
b. (Middle): J.
c. (Last): Brill

4. DATE OF DEATH (Month) (Day) (Year): 12-1-50

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 0

8. DATE OF BIRTH: 4-12-75

9. AGE (In years last birthday): 75 | 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): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Weston, Mo. 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: George Brill

13b. MOTHER'S MAIDEN NAME: Kate Carson

14. NAME OF HUSBAND OR WIFE: XX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): XX

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: J. H. Brill | ADDRESS: Weston, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined, ~~found dead in bed,~~

ANTECEDENT CAUSES no physician in attendance previous to death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) XXXXXXXXXX

DUE TO (c) XXXXXXXXXXX

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. XXXXXXXXXXX

INTERVAL BETWEEN ONSET AND DEATH: 7955

19a. DATE OF OPERATION: XXXXX

19b. MAJOR FINDINGS OF OPERATION: XXXXXXX

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): natl death

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): XXXX

21c. (CITY, TOWN, OR TOWNSHIP) XXXXXX (COUNTY) XXXX (STATE) XXXX

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? XXXX

22. *I hereby certify that I attended the deceased from* XXXX, 19___, *to* XXXXXX, 19___, *that I last saw the deceased alive on* XXXXX, 19 XXX *and that death occurred at* XXX *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis C. Calvert M.D.

23b. ADDRESS: Weston Missouri

23c. DATE SIGNED: 12/3/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 12-3-50

24c. NAME OF CEMETERY OR CREMATORY: LAUREL HILL CEM

24d. LOCATION (City, town, or county) (State): WESTON MO.

DATE REC'D BY LOCAL REG.: Dec. 3-50

REGISTRAR'S SIGNATURE: Ophia Rocein 257

25. FUNERAL DIRECTOR'S SIGNATURE: VAUGHN FUNERAL HOME | ADDRESS: WESTON MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 11 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.