

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3751

State File No. _____

0080
4

BIRTH NO. _____		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>4038</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Benton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u>		c. LENGTH OF STAY (In this place) <u>2 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw - Lake</u> <u>0080</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lake Side Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>12 N-E. Warsaw</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Oliver</u> c. (Last) <u>Hees</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 20-51</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 30, 1875</u>		9. AGE - (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>20</u>	IF UNDER 48 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Interior Decorator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Mo, O</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>X</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Russell J. Smith, Warsaw</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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiogenic CARCINOMA, LEFT LUNG</u>					INTERVAL BETWEEN ONSET AND DEATH <u>UNK.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>162 X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>January 19 51</u> , to <u>20 Feb, 19 51</u> , that I last saw the deceased alive on <u>20 Feb, 19 51</u> , and that death occurred at <u>10:45 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>David A. Logan M.D.</u>				23b. ADDRESS <u>Warsaw Mo</u>		23c. DATE SIGNED <u>21 Feb 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warsaw, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb 28-1951</u>		REGISTRAR'S SIGNATURE <u>Das. A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Reese</u>		ADDRESS <u>Warsaw</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-5-51 _____

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 *John F. Reser*
Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.