

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5750

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6062a Registrar's No. 7

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Roscoe (Rural)) c. LENGTH OF STAY (in this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) Butler (Rural) 0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION Roscoe Township		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Orville b. (Middle) Napolen c. (Last) Kash			4. DATE OF DEATH (Month) (Day) (Year) 2/21/1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/30/1892
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	11. BIRTHPLACE (State or foreign country) Bates County Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Bone Kash		13b. MOTHER'S MAIDEN NAME Ellen Coleman	14. NAME OF HUSBAND OR WIFE Jessie Kash
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW#1		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Jessie Kash, Roscoe Missouri		ADDRESS _____	
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) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 3 hrs 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. 4:01	
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 2/21, 1951 , to 2/21, 1951 , that I last saw the deceased alive on 2/21, 1951 , and that death occurred at 4:15 m., from the causes and on the date stated above.			
23a. SIGNATURE John J. Hill MD (Degree or title)		23b. ADDRESS Eldorado Springs Mo	
23c. DATE SIGNED 2/23/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-24-51	
24c. NAME OF CEMETERY OR CREMATORY Johnstown Cemetery		24d. LOCATION (City, town, or county) (State) Bates County Missouri	
DATE REC'D BY LOCAL REG. Feb-21-51		REGISTRAR'S SIGNATURE Ruth Seavers 285	
25. FUNERAL DIRECTOR'S SIGNATURE F. B. ...		ADDRESS _____	

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

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RECEIVED ³⁻¹⁰⁻⁵¹
DISTRICT HEALTH OFFICE No. 3
District File Number _____

MAR 12 1951

DISTRICT 3-10-51

1951 MAR 7

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 _____

J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola, 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.