

FILED MAY 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13157

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5602 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Miller Lincoln</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Miller Lincoln</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Residence</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Oscar</u> c. (Last) <u>Netherton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-12-1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-12-1910</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>2</u>	9. AGE (In years last birthday) <u>41</u>
11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. COUNTRY OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Oscar Netherton</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, state war or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>L</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett Garner</u> ADDRESS <u>Miller</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>Heart Bloo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Saw him after</u> DUE TO (c) <u>death only</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) (Min.)		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>4-11</u> , 1957, to <u>4-12</u> , 1957, that I last saw the deceased alive on <u>4-11</u> , 1957, and that death occurred at <u>7:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. J. Buerny</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Miller, Mo</u>	23c. DATE SIGNED <u>4-22-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-4-13-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Los Angeles</u>	24d. LOCATION (City, town, or county) (State) <u>Los Angeles Calif</u>
DATE REC'D BY LOCAL REG. <u>4-22-57</u>	REGISTRAR'S SIGNATURE <u>W. J. Buerny</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Moran</u> ADDRESS <u>Miller, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0550
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 4 1951

Dist. File 337-970

Date Filed 5-4-51

MAY 15 1951

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.

Signed *A. R. Lerman*

Signed _____
Student Embalmer

Licensed Embalmer No. 3297

P. O. Address Miller 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.