

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16108

BIRTH NO. _____ REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 4179 REGISTRAR'S NO. 242 14

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb	
d. FULL NAME OF HOSPITAL OR INSTITUTION City		d. STREET ADDRESS (If rural, give location) City	

3. NAME OF DECEASED (Type or Print) a. (First) DANIEL b. (Middle) _____ c. (Last) WASSON			4. DATE OF DEATH (Month) (Day) (Year) MAY 13 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 15, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR: Months 10 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin A. Wasson	13b. MOTHER'S MAIDEN NAME Nancy Harper	14. NAME OF HUSBAND OR WIFE Effie Wasson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME Effie Wasson ADDRESS Holcomb, Mo.		

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary artery disease		INTERVAL BETWEEN ONSET AND DEATH one year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis		
	DUE TO (c) _____		
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 **3/18/1949** to **5/13/1951**, that I last saw the deceased alive on **5/16/51**, and that death occurred at **8:30A** m., from the cause and on the date stated above.

23a. SIGNATURE J. M. Bily (Degree or title)	23b. ADDRESS Holden Mo	23c. DATE SIGNED 5/15/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Four-Mile Cemetery
DATE REC'D BY LOCAL REG. May 20, 51	REGISTRAR'S SIGNATURE J. A. Anderson	24d. LOCATION (City, town, or county) (State) Campbell, Missouri R.1
25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home ADDRESS Campbell, Mo		

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

0350

0350

0

4201

RECEIVED DUNKLIN COUNTY HEALTH DEPARTMENT
DEPARTMENT 5-29-51
COUNTY FILE NUMBER 551-153

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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 Christina M. Landess

Signed.....
Student Embalmer

Licensed Embalmer No. 4337

P. O. Address Campbell, 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.