

STANDARD CERTIFICATE OF DEATH

FILED JUL 24 1951

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5083 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Mound Twp.</u>	c. LENGTH OF STAY (in this place) <u>40 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Mound Twp.</u> <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>William</u> c. (Last) <u>Dever</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 9, 1889</u>	9. AGE (In years last birthday) <u>61</u> <u>8</u> <u>8</u> <u>8</u> Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Quincy Illinois</u>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <u>Harry Spaulding</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Moritz</u>		14. NAME OF HUSBAND OR WIFE <u>Ona Cecil Dever</u>			
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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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ona Cecil Dever, Adrian Mo.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart disease died before arrival at hospital probably central thrombosing of chord in sleep</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c)					INTERVAL BETWEEN ONSET AND 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) <u>331x</u>	
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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	
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22. I hereby certify that I attended the deceased from July 17, 1951, to July 17, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Richmond M.D.</u>		23b. ADDRESS <u>Adrian Mo</u>		23c. DATE SIGNED <u>7-18-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>		
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DATE REC'D BY LOCAL REG <u>July 18-1951</u>	REGISTRAR'S SIGNATURE <u>Myra Owens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Creath & Sons Adrian Mo</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-23-51 _____

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 _____

Fred J. Gresh 3343

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Adrian M.*

Licensed Embalmer No. *3650*

P. O. Address *Adrian M.*

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.