

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23674**
Registrar's No. **73**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041**

1. PLACE OF DEATH a. COUNTY Macon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Macon		
b. CITY (If outside corporate limits, write RURAL and give township) Macon		c. LENGTH OF STAY (in this place) 55 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Macon		0611
d. FULL NAME OF HOSPITAL OR INSTITUTION No street number			d. STREET ADDRESS (If rural, give location) No street Number 0		
3. NAME OF DECEASED (Type or Print) William Archer			4. DATE OF DEATH (Month) (Day) (Year) July 9 1951		
5. SEX 0	6. COLOR OR RACE Mace white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Aug. 3, 1867		9. AGE (In years last birthday) Months Days 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-Ret.		10b. KIND OF BUSINESS OR INDUSTRY City of Macon Iowa		11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Thomas J. Archer		13b. MOTHER'S MAIDEN NAME Elizabeth Sparks		14. NAME OF HUSBAND OR WIFE Laura Archer	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Grace Royer Kans. City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592x			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) 592x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 July 5, 1951 , to July 9, 1951 , that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 pm. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree optional) J. D. Edwards			23b. ADDRESS Macon Mo		23c. DATE SIGNED 7/16/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/12/1951	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Macon, Mo.		
DATE REC'D BY LOCAL REG. 7/27/51	REGISTRAR'S SIGNATURE Auth McNeely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert Skinner Macon Mo		

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

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RECEIVED 8.4.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 8151130
Date Filed 8.6.51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Thos. L. Bott

Signed.....
Student Embalmer

Licensed Embalmer No. 4552

P. O. Address Macon, 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.