

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 275276

FILED SEP 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5688 Registrar's No. 67

580

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

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin Twp.</u>		c. LENGTH OF STAY (In this place) <u>1570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 3, Bucklin Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin (Rural)</u>	
		d. STREET ADDRESS (If rural, give location) <u>Rt 3, 0580</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>MAIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26, 1951</u>
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>Dec. 31, 1871</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Macon County, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>H.S. Main</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen McDonald</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Main</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Carrie Main</u> ADDRESS <u>Bucklin, Mo.</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>Gastric Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic carcinoma of stomach</u> <u>2 mo</u> DUE TO (c) <u>carcinoma of liver</u> <u>7 yrs</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 <u>155X</u>	
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 <u>9/10</u> , 19 <u>44</u> , to <u>8/26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/26</u> , 19 <u>51</u> , and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. S. Grear M.D.</u> (Degree of title)		23b. ADDRESS <u>Brookfield, Mo.</u>	
23c. DATE SIGNED <u>8/27/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 28, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bucklin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 27, 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Ewern</u> 167	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Larsen Funeral Service</u>		ADDRESS <u>Bucklin, Mo.</u>	

Date Received: SEP 5 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 9-57-1575  
Date Filed: SEP 5 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *C. A. Larson*

Licensed Embalmer No. 4037

P. O. Address. *Buckley, 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.