

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37914**

FILED DEC 12 1951

REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5601 Registrar's No. 143

1510

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

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Warrensburg		c. LENGTH OF STAY (in this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Warrensburg		d. STREET ADDRESS (If rural, give location) R.R. #3			
d. FULL NAME OF HOSPITAL OR INSTITUTION Johnson County Home				3. NAME OF DECEASED a. (First) Louis b. (Middle) Class c. (Last) Class					
4. DATE OF DEATH Dec. 3, 1951				5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 11, 1896		9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Un-Employed.			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William A. Class			13b. MOTHER'S MAIDEN NAME Rena Thomas			14. NAME OF HUSBAND OR WIFE Singlet			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lola Adkins, Sturgis, Michigan					
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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 7 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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 Nov. 26 , 19 51 , to 12-3- , 19 51 , that I last saw the deceased alive on Nov. 26 , 19 51 , and that death occurred at 2:20P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Wm R Patterson M.D.				23b. ADDRESS Warrensburg, Missouri.		23c. DATE SIGNED 12-4-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 5, 1951		24c. NAME OF CEMETERY OR CREMATORY Mineral Creek Cemetery, Leaton, Missouri.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. Dec. 4, 1951		REGISTRAR'S SIGNATURE L. A. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Brundage		ADDRESS			

RECEIVED
DEC 11 1951
JOHNSON COUNTY HEALTH DEPT.

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.

Student
Student Embalmer

Signed W. A. Brannigan

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.