

MED DEC 31 1951

STANDARD CERTIFICATE OF DEATH

40950

State File No.

220

1

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

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El-Dorado Mpos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El-Dorado Mpos</u> <u>00201</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1227 Hickory St.</u>		d. STREET ADDRESS (If rural, give location) <u>122 Hickory St.</u> <u>8</u>	
3. NAME OF DECEASED a. (First) <u>ROBERT</u> (Type or Print) b. (Middle) <u>SHERMAN</u> c. (Last) <u>PRESTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-6-1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 6, 1865</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>	11. BIRTHPLACE (State or foreign country) <u>ST. CLAIR County, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES M. PRESTON</u>		13b. MOTHER'S MAIDEN NAME <u>FERNETTA WILLIAMS</u>	
14. NAME OF HUSBAND OR WIFE			
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. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Naldie Preston</u>		ADDRESS <u>El-Dorado Mpos</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion, acute</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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>5 Dec</u> , 1951, to <u>6 Dec</u> , 1951, that I last saw the deceased alive on <u>6 Dec</u> , 1951, and that death occurred at <u>2:50</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George W. Napus</u> (Degree or title)		23b. ADDRESS <u>El Dorado Springs, Mo</u>	
23c. DATE SIGNED <u>12/7/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/9/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Dell</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/7/51</u>		REGISTRAR'S SIGNATURE <u>George W. Napus</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>George W. Napus</u>		ADDRESS <u>Home El-Dorado Mpos</u>	

12/10/51 LC Krombholz, Deputy
(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 26 1951

Dist. File 12-27-3122

Date Filed 12-27-51

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.....
Student Embalmer

Signed George W. Mafus

Licensed Embalmer No. 2752

P. O. Address El-Dorado Spgs 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.