

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8951

0550

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

FILED MAR 26 1952

BIRTH NO.		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>41</u>		
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>				
b. CITY OR TOWN <u>Mt. Vernon</u>		c. LENGTH OF STAY (in this place) <u>41 days</u>		c. CITY OR TOWN <u>Cardwell</u>		<u>0350</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Earl</u>		c. (Last) <u>Southard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1952</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>5-20-16</u>	9. AGE (In years last birthday) <u>35</u>	10 UNDER 1 YEAR Months	10 UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Barney Houston Southard</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Verble Lee Southard</u>			
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>492-16-5880</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Wilson Peck, Mt. Vernon, 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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic dilatation of heart</u>				DUPLICATE				ab10 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u>				DUPLICATE				
DUE TO (c)				DUPLICATE				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic interstitial nephritis</u>				DUPLICATE				abt. 2 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</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) (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 <u>2-16-52</u> , 19 <u>52</u> , to <u>3-24-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-24-52</u> , 19 <u>52</u> , and that death occurred at <u>1:40 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Harold M. L...</u> (Degree or title)				23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>3-24-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-24-52</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Cardwell Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-24-52</u>		REGISTRAR'S SIGNATURE <u>Paul A. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>May L. Fossitt ...</u>				

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..... *Max L. Fournell*

Signed.....
Student Embalmer

Licensed Embalmer No. *4252*

P. O. Address. *Middleboro, Ma*

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.