

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12325

State File No. _____

No. 300
10. 48

FILED MAY 13 1952

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5235 Registrar's No. 7

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>Rural, S. Benton</u>		c. LENGTH OF STAY (in this place) <u>25 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, S. Benton</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>3 miles W. Jered Spr.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>- H -</u> c. (Last) <u>HIME</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-52</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u>	8. DATE OF BIRTH <u>3-16-1868</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>La Grange, Ind</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>HENRY-HIME</u>	13b. MOTHER'S MAIDEN NAME <u>EMILY-BLAUGH</u>	14. NAME OF HUSBAND OR WIFE <u>ETHA-K-HIME</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Higgins, Jered Spr.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage and Lung pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 P.M.</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>490 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 9, 1950, to Feb 21, 1952, that I last saw the deceased alive on Feb 21, 1952 and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. B. Barnum, M.D.</u>	23b. ADDRESS <u>Jered Spr.</u>	23c. DATE SIGNED <u>2-21-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>2-23-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield, Cedar</u>	24d. LOCATION (City, town, or county) (State) <u>Jered Spr. Mo</u>
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DATE REC'D BY LOCAL REG. <u>3/1/52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Velma Ellis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. L. Long</u>	ADDRESS <u>Jered Spr. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Licensed Embalmer No. 3714

P. O. Address JERICHO, N.Y.

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.