

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16811**

No. 300
10. 510
MAY 11 1953

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 4516		Registrar's No. 34				
1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO.				b. COUNTY Taney		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forsyth				c. LENGTH OF STAY (In this place) 80 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forsyth				
d. FULL NAME OF HOSPITAL OR INSTITUTION Taney County Forsyth Mo				d. STREET ADDRESS (If rural, give location) Taney County, Forsyth, Mo.						
3. NAME OF DECEASED (Type or Print)			a. (First) Joseph	b. (Middle) E.	c. (Last) Fields	4. DATE OF DEATH (Month) (Day) (Year) May 1, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 19, 1867		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Roy Fields			13b. MOTHER'S MAIDEN NAME Francis Strong			14. NAME OF HUSBAND OR WIFE Mrs. L. Fields				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louisa Fields, Forsyth, Mo.					
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) Influenza + Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 weeks ANTECEDENT CAUSES DUE TO (b) Chronic endocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 480x				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) m.		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 Apr 30, 1953 , to May 1, 1953 , that I last saw the deceased alive on Apr 30, 1953 , and that death occurred at 7 P.m. , from the causes and on the date stated above.										
22a. SIGNATURE R. C. Feathering				(Degree or title) M.D.		22b. ADDRESS Ozark Mo			22c. DATE SIGNED 5-5-53	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 3, 1953		23c. NAME OF CEMETERY OR CREMATORY Selmore Cemetery			23d. LOCATION (City, town, or county) (State) Christian, Missouri			
DATE REC'D BY LOCAL REG. 5-12-53		REGISTRAR'S SIGNATURE J. E. Cogswell 376-			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark Mo.					

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

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.