No. 300
10.48

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

FILED JUL 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25942

BIRTH NO. ____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 191

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (In this place): 6-Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Keytesville, Mo. 0210
d. STREET ADDRESS (If rural, give location): 400- Depot Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle): Lee
c. (Last): Cash

4. DATE OF DEATH (Month) (Day) (Year): July 13th, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 30th, 1892
9. AGE (In years last birthday): 60 — If under 1 year: Months 8, Days 13, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Drygoods Store
11. BIRTHPLACE (City and State or Foreign Country): Keytesville Mo,
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John Cash
13b. MOTHER'S MAIDEN NAME: Isadora Minor
14. NAME OF HUSBAND OR WIFE: Flossie Joseph Cash
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-34-8369
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Flossie Cash — ADDRESS: Keytesville

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs.

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
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from July 13, 1953, to July 13, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 9 A. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Moberly, Mo.
23c. DATE SIGNED: July 15, 1953

24a. BURIAL CREMATION REMOVAL (Specify): Burial
24b. DATE: July 15, 1953
24c. NAME OF CEMETERY OR CREMATORY: St. Rachael
24d. LOCATION (City, town, or county) (State): Indian Grove, Mo.

DATE REC'D BY LOCAL REG.: 7-15-53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] — ADDRESS: Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~ .....

..... ~~Student Embalmer No.~~ .....

working under my personal supervision.

Student .....
Student Embalmer

Signed H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.