

STANDARD CERTIFICATE OF DEATH

32523

State File No.

FILED OCT 13 1953

REG. DIST. NO. 251

PRIMARY REG. DIST. NO. 5856

Registrar's No. 190

0740

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town or TOWN Rural, Hopkins Twp.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Hopkins Twp.	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Clyde c. (Last) Filson			4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 7, 1889		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hopkins, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Robert Filson		13b. MOTHER'S MAIDEN NAME Ida May McCartney		14. NAME OF HUSBAND OR WIFE Grace Filson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. 493 14 6950		17. INFORMANT'S SIGNATURE OR NAME Mrs Grace Filson, Hopkins, Mo. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH few minutes	
ANTECEDENT CAUSES Morbidity 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 4201				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) (Minute)		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 **9/26, 1953** to **9/28, 1953** that I last saw the deceased alive on **9/26, 1953** and that death occurred at **7 A. m.** from the causes and on the date stated above.

23a. SIGNATURE C. W. Filson, M.D. (Degree or title)		23b. ADDRESS Hopkins		23c. DATE SIGNED 9/29/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 30, 1953		24c. NAME OF CEMETERY OR CREMATORY Hopkins		24d. LOCATION (City, town, or county) (State) Hopkins, Mo.	
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DATE REC'D BY LOCAL REG. 10-10-53		REGISTRAR'S SIGNATURE Blas Holt		25. FUNERAL DIRECTOR'S SIGNATURE Stanley Swanson ADDRESS Hopkins, Mo.	
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OCT 14 1935

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 _____

..... *myself* Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Stanley Swanson*

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.