

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1954

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BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>85</u>		
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Monett</u>		c. LENGTH OF STAY (In this place) <u>6 Wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Spring River</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 2 Miles North, Monett</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural 2 Miles North, Monett</u>				
3. NAME OF DECEASED (Type or Print) <u>DAVID</u>			a. (First)		b. (Middle)		c. (Last) <u>BLACK</u>	
4. DATE OF DEATH <u>Dec. 29, 1953</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>		8. DATE OF BIRTH <u>Mar. 11, 1877</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR: Months <u>9</u> Days <u>18</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Henry County, Ohio /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ray Haynes</u> ADDRESS <u>Monett, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia Rt side</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocardial degeneration</u> DUE TO (c) _____ II. OTHER SIGNIFICANT-CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>6 months</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4222</u>		
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)		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>2-10-51</u> , 19 <u>51</u> , to <u>12-29-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-29-53</u> , 19 <u>53</u> , and that death occurred at <u>12:12 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Frank Kern M.D.</u> (Degree or title)				23b. ADDRESS <u>Monett Mo</u>		23c. DATE SIGNED <u>12-29-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 30, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Lawrence County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-30-53</u>		REGISTRAR'S SIGNATURE <u>Katherine Henderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. P. Buchanan</u> ADDRESS <u>Monett Mo</u>				

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 J. P. Buchanan

Licensed Embalmer No. 3149

P. O. Address Monett 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.