

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1776**

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTERVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 302 N. TENN.		d. STREET ADDRESS (If rural, give location) 116 1/2 WEST DAUGHERTY	
3. NAME OF DECEASED a. (First) MARK b. (Middle) L. c. (Last) VENTERS			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 21, 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, UNKNOWN UNKNOWN	8. DATE OF BIRTH SEPTEMBER 25, 1872
9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR (Days) 3	11. IF UNDER 24 HRS. (Hours) (Min.) 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED R.R. EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD	11. BIRTHPLACE (State or foreign country) ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME NO DATA	
13b. MOTHER'S MAIDEN NAME NO DATA		14. NAME OF HUSBAND OR WIFE NO DATA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. RHYE RODGERS, WEBB CITY, MISSOURI
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) Coronary Artery Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease DUE TO (c) Arteriosclerotic C.V. disease 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 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>never</u> , and that death occurred at <u>10 AM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE R.K. Saylor		23b. ADDRESS 725 Frisco Bldg. Jasper, Mo.	
23c. DATE SIGNED 1/21/54		23d. JASPER CO (Degree or title) HEALTH OFFICER	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/25/54	
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	
DATE REC'D BY LOCAL REG. 1-23-54		REGISTRAR'S SIGNATURE Mrs. Madeline Switzel	
25. FUNERAL DIRECTOR'S SIGNATURE HEDGE LEWIS FUNERAL HOME		ADDRESS WEBB CITY, MO.	

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

RECEIVED JAN 25 1954

Jasper County Health Office

County File Number 54-1-58

Date Filed JAN 25 1954

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 [Signature]

Licensed Embalmer No. 4261

P. O. Address Webb City, 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.