THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9176

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Sarcoxie Twp)
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jasper
c. CITY OR TOWN Sarcoxie
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Mo, Sarcoxie Twp

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Austin c. (Last) Block

4. DATE OF DEATH (Month) (Day) (Year) 3-13-54

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1-3-1875
9. AGE (In years last birthday) 79 — 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 (City and State or Foreign Country) Sarcoxie Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chas Block
13b. MOTHER'S MAIDEN NAME Emma Strayer
14. NAME OF HUSBAND OR WIFE Angie Block wife

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. unk.
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Angie Block Sarcoxie 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cancer, incoloring — INTERVAL BETWEEN ONSET AND DEATH 7-20-54

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bladder, prostate & colon
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* 7-20- *19*53*, to* 3-13- *19*54*, that I last saw the deceased alive on* 3-13- *19*54*, and that death occurred at* 7:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] MD
23b. ADDRESS Sarcoxie Mo
23c. DATE SIGNED 3-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-16-54
24c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cem
24d. LOCATION (City, town, or county) (State) Sarcoxie Mo

DATE REC'D BY LOCAL REG. 3-16-54
REGISTRAR'S SIGNATURE Lloyd B. Clinton M.D. 139-0
25. FUNERAL DIRECTOR'S SIGNATURE Jackson & Sons ADDRESS Sarcoxie Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 25 19
Jasper County Health Offic
County File Number 54-3-
Date Filed MAR 26 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by ....., Student Embalmer No. ...
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm R. Jackson

Licensed Embalmer No. 5 9

P. O. Address Sarco

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.