

FILED SEP 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29743

State File No. _____

0050

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

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5064 Registrar's No. 1077

| | | | |
|---|-------------------------------|--|--|
| 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 township) OR TOWN <u>Verona Precinct Bridge</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> <u>0550</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Three and one half South</u> | | d. STREET ADDRESS (If rural, give location) <u>Verona R-1</u> <u>1</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>AYRON</u> b. (Middle) <u>Black</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 2 - 1954</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>Jan 18 - 1871</u> |
| 9. AGE (In years last birthday) <u>88</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Barry</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME <u>J. C. Black</u> | | 13b. MOTHER'S MAIDEN NAME <u>Francis Long</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Pettie Black</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Pettie Black</u> ADDRESS <u>Aurora 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>feebled heart</u> ANTECEDENT CAUSES <u>Terminal uremia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>due to (b) Sclerotic heart</u> DUE TO (c) <u>Heart preceding cerebral changes</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>331 X</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ | | 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>10:48</u> to <u>9:2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 5</u> 19 <u>54</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>J. P. Costin</u> (Degree or title) _____ | | 23b. ADDRESS <u>Aurora, Mo.</u> | |
| 23c. DATE SIGNED <u>9-3-54</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>Sept 5, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Spring River Cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Verona, MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur L. Marsh</u> ADDRESS <u>Aurora Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>9-18-54</u> | | REGISTRAR'S SIGNATURE <u>Gatherine Henderson</u> <u>437-</u> | |

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 954-106

DATE REC. 9-22-54

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 *Robert L. Gars*

Licensed Embalmer No. 3812

P. O. Address Quincy, 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.