

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42104

State File No. _____

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 393

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Flat River</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Flat River, Mo 0942</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>201 Haney St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. William</u> b. (Middle) <u>Albert</u> c. (Last) <u>Head</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 9 - 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 30 - 1886</u>	9. AGE (In years last birthday) <u>68-4-9.</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 hr. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>	11. BIRTHPLACE (State or foreign country) <u>Berry County, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Mr. Thomas Head</u>	13b. MOTHER'S MAIDEN NAME <u>Miss Minerva Watkins</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Busie Skapp Head</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm. A. Head</u> ADDRESS <u>201 Haney St. Flat River, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis.</u> 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 <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)	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 Dec 1, 1954, to Dec 9, 1954, that I last saw the deceased alive on Dec 8, 1954, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. H. Amphiberry MD.</u>	23b. ADDRESS <u>Flat River Mo.</u>	23c. DATE SIGNED <u>12-15-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Dec. 11 - 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miss La Motte Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>Miss La Motte Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec. 15, 1954</u>	REGISTRAR'S SIGNATURE <u>E. R. Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u> ADDRESS <u>333 Crawford St. Flat River, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

942

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 33 Crane St. The Piney

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.