

FILED JAN 11 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 101

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY <b>BARTON</b> 4				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>BARTON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>LAMAR</b>		c. LENGTH OF STAY (in this place) <b>3 YRS</b>		c. CITY OR TOWN <b>LAMAR</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ANDERSON NURSING Home</b>				e. STREET ADDRESS (If rural, give location) <b>0061 0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>RICHARD</b> b. (Middle) <b>MetCALF</b> c. (Last) <b>MetCALF</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 4 55</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN. 28 - 1871</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GUARD</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>STATE PEN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>OHIO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>ARTHUR</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA DOBBS</b>		14. NAME OF HUSBAND OR WIFE <b>AGUSTA COOK</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ARTHUR METCALF, Sheldon MO</b>			
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) <b>Carcinoma, Palate - Lt.</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 mos</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>—</b> DUE TO (c) <b>144 X</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Atherosclerotic Cardiovascular disease</b> <b>2 years</b>					
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 <b>4/8/54</b> , to <b>1/3/54</b> , that I last saw the deceased alive on <b>1/3/54</b> , 19 <b>54</b> , and that death occurred at <b>5:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>A.R. Cain</b> (Degree or title) <b>0128</b>				23b. ADDRESS <b>Lamar MO</b>		23c. DATE SIGNED <b>1/6/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN-8-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BARTON CITY MO.</b>		24d. LOCATION (City, town, or county) (State) <b>BARTON CO. MO.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 7 - 1955</b>		REGISTRAR'S SIGNATURE <b>Marie Kanantz</b>		14-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gerald Benny Sheldon MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed *L. Gerald Beeny*

Licensed Embalmer No. *146*

P. O. Address *Sheld.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.