

11624

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 2 1955

BIRTH NO. ... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5458 Registrar's No. 372

0390

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Walnut Grove		c. CITY OR TOWN Walnut Grove	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 3 Mi. East	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi East			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ALMINE c. (Last) EMMERT			4. DATE OF DEATH (Month) (Day) (Year) April 23, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 20, 1862	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Hawkins Co. Tennessee		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Elijah Henard		13b. MOTHER'S MAIDEN NAME Elizabeth Cobb		14. NAME OF HUSBAND OR WIFE Sam Emmert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lon Emmert--Walnut Grove, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) HYPOSTATIC PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 4/18/55	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL ACCIDENT			4/17/55	
		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 331 X			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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **AVG 1**, 19**48**, to **APRIL 23**, 19**55**, that I last saw the deceased alive on **4/22**, 19**55**, and that death occurred at **8:25 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. R. Davis D.O.		23b. ADDRESS WALNUT GROVE MO		23c. DATE SIGNED 4/23/55	
24a. BURIAL, CREMATION-REMOVAL (Specify) Burial		24b. DATE 4-25-55		24c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery	
				24d. LOCATION (City, town, or county) (State) Springfield, Mo.	

DATE REC'D BY LOCAL REG. 4-27-55		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyle L. Daniel - Walnut Grove Mo	
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MAY 2 1931

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.....
Signature of Student Embalmer

Signed.....
Engel L. Saward

Licensed Embalmer No... 410

P. O. Address *Wash Grove*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.