

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 37269

FILED DEC 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) ---a. STATE <u>MISSOURI</u> b. COUNTY. <u>JASPER</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARTERVILLE</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>CARTERVILLE</u>		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 <u>319 EAST MAIN</u>				e. STREET ADDRESS (If rural, give location) <u>319 EAST MAIN</u> <span style="float: right;">0-4910</span>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>			b. (Middle) <u>B</u>		c. (Last) <u>BLACK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 7 1955</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>NOVEMBER 4, 1883</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATE INSPECTOR MOTOR VEHICLE FUEL TAX</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>CARTERVILLE, MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>JOE BLACK</u>			13b. MOTHER'S MAIDEN NAME <u>MAGGIE GARRISON</u>			14. NAME OF HUSBAND OR WIFE <u>EVA BLACK</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>492-36-1373 A</u>			17. INFORMANT'S SIGNATURE OR NAME <u>EVA BLACK</u>			ADDRESS <u>CARTERVILLE, MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)													
MEDICAL CERTIFICATION													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>										INTERVAL BETWEEN ONSET AND DEATH <u>5 Minute a</u>			
*This does not mean the mode of dying, such as heart failure, aethenia, etc. It means the disease, injury, or complication which caused death.													
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.													
DUE TO (b) <u>Arteriosclerotic heart Heart-disease</u>										<u>10 yrs.</u>			
DUE TO (c) <u></u>													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													
<u>4200</u>													
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) m.			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>11-12-47</u> , <u>1947</u> , to <u>12-7</u> , <u>1955</u> , that I last saw the deceased alive on <u>12-5-55</u> , <u>1955</u> , and that death occurred at <u>8:15A.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>James T. Liberty M.D.</u>						23b. ADDRESS <u>319 W. Main St., Carterville,</u>			23c. DATE SIGNED <u>12-8-55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/9/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE CEMETERY</u>			24d. LOCATION (City, town, or county) (State) <u>WEBB CITY MO</u>						
DATE REC'D BY LOCAL REG. <u>12-8-55</u>			REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE-LEWIS FUNERAL HOME</u>			ADDRESS <u>WEBB CITY, MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 12 1955  
Jasper County Health Office

County File Number 55-12-849  
Date Filed DEC 12 1955

JAN 27 1956

**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 Leand J. Lewis  
Licensed Embalmer No. 450

P. O. Address Walden, Ga.

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.