

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 19 1955

0080

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

BIRTH NO. _____		REG. DIST. NO. 31	PRIMARY REG. DIST. NO. 4040	Registrar's No. 21
1. PLACE OF DEATH a. COUNTY Canton		2. USUAL RESIDENCE (Where deceased lived. If institution, give name before admission) a. STATE Mo. b. COUNTY Canton		
b. CITY OR TOWN Rural Williams		c. CITY OR TOWN Rural Williams	c. CITY (If outside corporate limits, write BURIAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 1/2 mi S of Col Camp		d. STREET ADDRESS (If rural, give location) 12 1/2 mi S of Col Camp.		
3. NAME OF DECEASED (First) GUSTOPH (Middle) METSCHER (Last)		4. DATE OF DEATH (Month) Dec. (Day) 11 (Year) 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH Nov 13-1866	9. AGE (In years, if under 1 year, last birthday) 89 Months — Days — Hours — Mins. —
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Mo.
12. CITIZENSHIP OF WHAT COUNTRY USA.		13a. FATHER'S NAME Henry Metscher		
13b. MOTHER'S MAIDEN NAME Meta Dreyer		14. NAME OF HUSBAND OR WIFE May Seaman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Henry Metscher ADDRESS Kennett, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Congestion DUE TO (c) Cardiac failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		INTERVAL BETWEEN ONSET AND DEATH 3 Days 5 yrs
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) (Min.)		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 May 19, 1955 , to Dec 11, 1955 , that I last saw the deceased alive on May 19, 1955 , and that death occurred at 4:50 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Name or title) Harold B. Waiters		23b. ADDRESS Col Camp, Mo.		23c. DATE SIGNED 12/14/55
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12/14/55	24c. NAME OF CEMETERY OR CREMATORY Bushy	
24d. LOCATION (City, town, or county) (State) Canton County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Harold B. Waiters ADDRESS Col Camp, Mo.		
DATE REC'D BY LOCAL REG. Dec 14, 1955		REGISTRAR'S SIGNATURE E. L. Richbrough 394-1		

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 *Harold Perry*.....

Licensed Embalmer No. *4297*.....

P. O. Address *Cole Camp, 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.