

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35529

FILED NOV 13 1957

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5458 Registrar's No. 1074

1. PLACE OF DEATH a. COUNTY <i>Greene</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Greene</i>									
b. CITY (If outside corporate limits, TOWNSHIP only) OR TOWN <i>Walnut Grove</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Walnut Grove 0398</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4 mi. East of W. B. Many Year</i>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>4 mi. E. of W. B. Mo.</i>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>Lon</i> Middle <i>H.</i> Last <i>EMMERT</i>				4. DATE OF DEATH Month <i>Nov</i> Day <i>4</i> Year <i>1957</i>									
5. SEX <i>Male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>June 18-1882</i>		9. AGE (In years last birthday) <i>75</i>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (City and state or country) <i>Hawkins Co. Tennessee</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					
13. FATHER'S NAME <i>Sam Emmert</i>				14. MOTHER'S MAIDEN NAME <i>Mary Howard</i>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Julia E. Emmert - Walnut Grove Mo.</i> Address							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>RESPIRATORY FAILURE</i>										INTERVAL BETWEEN ONSET AND DEATH <i>8 HOURS</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <i>PULMONARY EDEMA</i>		<i>4 weeks</i>	
										DUE TO (c) <i>CONGESTIVE HEART DISEASE</i>		<i>3 YRS</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <i>JAN. 1950</i> to <i>NOV. 4, 1957</i> and last saw her alive on <i>NOV. 4, 1957</i> Death occurred at <i>6:50 a. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Name or title) <i>W. R. Daws D. O.</i>				22b. ADDRESS <i>WALNUT GROVE MO</i>				22c. DATE SIGNED <i>11/4/57</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Nov 6-57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>White Chapel Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Springfield Mo</i>							
24. FUNERAL DIRECTOR <i>Brown - Daniel - Walnut Grove - Mo</i>				ADDRESS		25. DATE RECD. BY LOCAL REG. <i>11-5-57</i>		26. REGISTRAR'S SIGNATURE <i>Earl W. Williamson</i>					

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....

*Joseph L. Samuel*

Licensed Embalmer No. .... 47

P. O. Address *Adelphi, Groton*

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.