

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017197

STATE FILE NUMBER

FILED MAY 22 1959 Registration District No. 096 Primary Registration District No. Registrar's No. 26

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dallas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Buffalo</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Buffalo</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Buffalo, Mo.</b>		Length of stay in lb <b>Life</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>John T. Southard</b>			4. DATE OF DEATH Month Day Year <b>May 7, 1959</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 14, 1876</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>23</b> Days <b>23</b>	IF UNDER 24 HRS. Hours <b>23</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Dallas County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. W.</b>
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13a. FATHER'S NAME <b>Thomas Southard</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Huckaby</b>	14. NAME OF HUSBAND OR WIFE <b>Susie Southard</b>
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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 <b>Susie Southard Buffalo, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 day</b> <b>8-10 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arterio sclerosis &amp; Hypertension</b>	
	DUE TO (c)	
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.) <b>331X</b>
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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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
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21. Attended the deceased from <b>Jan 1948</b> to <b>2 May 59</b> and last saw him alive on <b>2 May 59</b> Death occurred at <b>5:10</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>0</b>	22b. ADDRESS <b>Buffalo Mo</b>	22c. DATE SIGNED <b>8 May 59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/9/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Dallas County, Mo.</b>
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24. FUNERAL DIRECTOR <b>Montgomery Funeral Home Buffalo, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5/20/59</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Lloyd Montgomery* .....  
Licensed Embalmer No. *3562* .....  
P. O. Address *Buffalo, N.Y.* .....

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.