

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26687**

FILED AUG 29 1950

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5516** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give town) Rural (Springfield)	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) Rural 0420	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Own Home		d. STREET ADDRESS (If rural, give location) Power School Dist.	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Roland c. (Last) East	4. DATE OF DEATH 8 (Month) 9 (Day) 1950 (Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 12 1929	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Henry County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wayne East	13b. MOTHER'S MAIDEN NAME Mildred Atwell	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. 493-32-3794	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS W. Wayne East & W. W. Winder
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning		INTERVAL BETWEEN ONSET AND DEATH 89210 22
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 142
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 18 1950	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Burning in Pond
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:45** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray B Jordan	23b. ADDRESS Winder Mo	23c. DATE SIGNED 8-19-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 21	24c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery	24d. LOCATION (City, town, or county) (State) Calhoun Mo
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DATE REC'D BY LOCAL REG. Aug-19-50	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS J. H. Housley Calhoun Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DISTRICT HEALTH OFFICE No
District File Number
Date Filed 8/28/5

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed J. R. Housey

Licensed Embalmer No. 3205

P. O. Address Calhoun 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.