

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 3023 State File No. 33328

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. ~~422~~ Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (If this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> <u>0422</u>		d. STREET ADDRESS (If rural, give location) <u>North Main St</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Ohio</u>					
3. NAME OF DECEASED (Type or Print) <u>William</u>			a. (First)	b. (Middle)	c. (Last) <u>Emery</u>
4. DATE OF DEATH <u>11-9-1950</u>			(Month)	(Day)	(Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>7-15-1893</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Days <u>3</u> IF UNDER 2 HRS. Hours <u>24</u> Mins. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>any kind</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alex. Emery</u>		13b. FATHER'S MAIDEN NAME <u>Polly Ann Leacy</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Linnie Emery Clinton Mo</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intoxication & Exposure</u> <u>12 hr.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>321X</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4 A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Hugh B. Walker, MD</u>			23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>9 Nov. 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov-11-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clinton (Col) cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>		
DATE REC'D BY LOCAL REG. <u>Nov-10-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	42-2	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clinton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

Fred Williams Jr.

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

422

RECEIVED 11/13/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11/13/50

NOV 16 1950

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 Robert L. Danning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.