

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5017 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Unknown</u> b. COUNTY <u>Unknown</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Nodaway</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Unknown</u>	
c. LENGTH OF STAY (In this place) <u>Unknown</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Unknown</u> b. (Middle) <u>Unknown</u> c. (Last) <u>Unknown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>Unknown</u>
9. AGE (In years last birthday) <u>Unknown</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Unknown</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>Unknown</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Smoke</u> DUE TO (c) <u>Burning Hay</u>		E9161 16		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

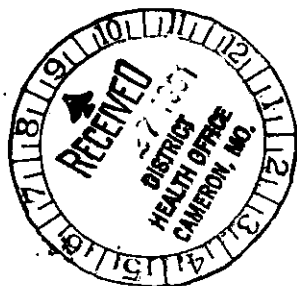
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nodaway township, Andrew, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 1 1951 5:00 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Was sleeping in hay, hay ignited, cremating him.</u>

22. I hereby certify that I attended the deceased from 10, to 10, 1951; that I last saw the deceased alive on 5, 1951, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.B. Maxwell, D.O.</u>	23b. ADDRESS <u>307 W. Main, Savannah Mo.</u>	23c. DATE SIGNED <u>Nov. 15, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>11-5-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New County Farm</u>
24d. LOCATION (City, town, or county) (State) <u>Andrew County, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Rich</u>	25. ADDRESS <u>Savannah</u>
DATE REC'D BY LOCAL REG. <u>11-17-1951</u>	REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{was No 2} was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Wm A Rich

Licensed Embalmer No. 4728

P. O. Address Savannah, 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.