

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 20 1947  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37419  
Registrar's No. 29

Registration District No. 68 Primary Registration District No. 5268

1. PLACE OF DEATH:  
(a) County Christian  
(b) City or town Ozark  
(c) Name of hospital or institution  
H. Lynn Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Christian  
(c) City or town Ozark  
(d) Street No. Rural  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME William Countiss  
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 27-  
year 1947 hour 8 minute 30 P.M.

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single  
7. Birth date of deceased Dec 24 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years 62 Months 7 Days 3 If less than one day hr. 0 min. 0

Due to Acute indigestion.  
Due to \_\_\_\_\_

9. Birthplace Missouri  
10. Usual occupation Laborer

Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Don't know  
13. Birthplace Don't know  
14. Maiden name Don't know  
15. Birthplace Don't know

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Homer Bilyeu  
(b) Address Ozark Mo.  
17. (a) Burial (b) Date thereof July 25 47  
(c) Place: burial or cremation Ozark, Missouri  
18. (a) Signature of funeral director T. B. Chaffin  
(b) Address Ozark, Mo.  
19. (a) Oct 11 1947 (b) J. L. Leonard  
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Maples Coronor  
Address Clever, Mo. Date signed 7-27-47

(Licensed Embalmer's Statement on Reverse Side)

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

2000

RECEIVED

District Health Officer No. 6,

District File Number 1147-1114

Date Filed NOV 1 1947

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed T. B. Cheffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.**