

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14772**

| | | | | |
|--|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>11</u> | PRIMARY REG. DIST. NO. <u>4024</u> | Registrar's No. <u>44</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cassville</u> | | c. LENGTH OF STAY (in this place) <u>3 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washburn</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Purvis Hospital</u> | | d. STREET ADDRESS (If rural, give location) _____ | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>E.</u> c. (Last) <u>Fountain</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5/28/49</u> | |
| 5. SEX <u>FP</u> / <u>W</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>4/7/1872</u> | 9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Washburn, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
| 13a. FATHER'S NAME <u>Taylor McGlothlin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Melvina McGlothlin</u> | 14. NAME OF HUSBAND OR WIFE <u>Calvin</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Curtis Thomas</u> ADDRESS <u>Cassville, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Concussion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>E 9020</u> |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? <u>Y</u> YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT (Specify) <u>Accident</u> <u>SHOCK</u> <u>POISON</u> | 21b. PLACE OF INJURY (e.g., in or about home, factory, etc., or at office bldg., etc.) <u>Fall at home.</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washburn Barry Mo. 5</u> | | |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Apr. 25 1949 1P m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fell from back porch of home.</u> | | |
| 22. I hereby certify that I attended the deceased from <u>Sept. 15, 1940</u> , to <u>Apr. 28, 1949</u> , that I last saw the deceased alive on <u>Apr. 28, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>E. E. McDaniel</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Cassville, Mo.</u> | | 23c. DATE SIGNED <u>June 1-49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5/29/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Washburn Prairie</u> | 24d. LOCATION (City, town, or county) (State) <u>Washburn Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>June 4-1949</u> | REGISTRAR'S SIGNATURE <u>Grace Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Koon</u> ADDRESS <u>Cassville, Mo.</u> | | |

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

RECEIVED

District Health Officer No. 6,

District File Number 649-680

Date Filed 6-13-49

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

W. C. Koon

Licensed Embalmer No.

4359

P. O. Address

Caswell, 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 licensé.)

If this body is not embalmed, fact should be so stated above: