

S. No. 300
V. 10.48

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26006**

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4012 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Fremont</u> c. (Last) <u>Vernon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 25 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8 - 8 - 1895</u>
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Dwight, Kansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>
13a. FATHER'S NAME <u>Isaac Vernon</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Condray</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Vernon.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. WWI.</u>		16. SOCIAL SECURITY NO. <u>487-14-9544</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maude Vernon</u> ADDRESS <u>Rock Port, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Due to obesity.</u> 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	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>8/25/1949</u> to <u>8/25/1949</u> , that I last saw the deceased alive on <u>8/25/1949</u> , and that death occurred <u>all P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G.A. Reutter M.D.</u> (Degree or title)		23b. ADDRESS <u>Rockport, Mo.</u>	
23a. SIGNATURE		23c. DATE SIGNED <u>8/27/49.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-28-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenhill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Rock Port Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-27-49</u>		REGISTRAR'S SIGNATURE <u>Betty Chabrea</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>BARTHOLOMEW MORTUARY</u>		ADDRESS <u>Rock Port.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

OCT 3 1949



SEP 14 1949

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 *Gary Bartholomew*

Licensed Embalmer No. 3173

P. O. Address *Rose Pt. 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.