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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29094

FILED AUG 17 1949

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>358</u>		PRIMARY REG. DIST. NO. <u>6213</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (Institution). a. STATE <u>New Hampshire</u> b. COUNTY <u>Strafford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Blue Mountain</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		999 37	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3</u>				d. STREET ADDRESS (If rural, give location) <u>Town Gonic</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Manuel</u> b. (Middle) <u>F.</u> c. (Last) <u>Souza</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 11, 1949</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 18, 1898</u>	9. AGE (In years last birthday) <u>51</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cape Cod, Mass.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Manuel F. Souza</u>		13b. MOTHER'S MAIDEN NAME <u>do not know</u>		14. NAME OF HUSBAND OR WIFE <u>Beatrice Souza</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 ADDRESS <u>Eugene J. Souza, Schell City, 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.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) _____ 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) _____						INTERVAL BETWEEN ONSET AND DEATH <u>43 1/2</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>This man was found dead about 2 weeks ago of heart trouble of past year.</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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. M. D. H. Q.</u>				23b. ADDRESS <u>Moada, Mo</u>		23c. DATE SIGNED <u>8-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug. 13, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Schell City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 13-1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Sarah E. Gray</u>		329		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lewis & Low Schell City, Mo.</u>	

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

SEP 20 1949

RECEIVED

District Health Officer No. 7,

District File Number 7-44-1081

Date Filed 8-15-49

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 _____

Francis J. Lewis

Student Embalmer No. 330

working under my personal supervision.

Student *Francis J. Lewis*
Student Embalmer

Signed *Marion M. Lewis*

Licensed Embalmer No. 3084

P. O. Address *Schell City, 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.