

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39926

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Duck Creek T.S.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Duck Creek T.S.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Iron	b. (Middle) B.	c. (Last) Metcalf.	4. DATE OF DEATH (Month) (Day) (Year)
				10 28 49

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec 13 1874	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 9 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) McLeansboro Illinois	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Robert J. Metcalf	13b. MOTHER'S MAIDEN NAME Lucanda York	14. NAME OF HUSBAND OR WIFE Divorced.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME E.L. Metcalf	ADDRESS Puxico Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericious Anemia		INTERVAL BETWEEN ONSET AND DEATH 2900
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9/6**, 19**49**, to **9/8**, 19**49**, that I last saw the deceased alive on **9/8**, 19**49**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Papier Bluff, Mo	23c. DATE SIGNED 11/19/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 30 49	24c. NAME OF CEMETERY OR CREMATORY Plesent Grove	24d. LOCATION (City, town, or county) (State) Stoddard Rural
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DATE REC'D BY LOCAL REG. 11-30-49	REGISTRAR'S SIGNATURE Floyd Morgan 358	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Service Puxico Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 5
RECEIVED
District Health Office
District File Number 1249
Date Filed _____

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.