

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43545**

FILED JAN 6 1950

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **4536** Registrar's No. **58**

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

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi	c. LENGTH OF STAY (in this place) 5 1/2	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Franklin c. (Last) Raymo		4. DATE OF DEATH (Month) (Day) (Year) 12 29 1949	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec-23-1870
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 6 Days 6 Hours 11 Min.	IF UNDER 2 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). General Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington County
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Napoleon Raymo	
13b. MOTHER'S MAIDEN NAME Martha Wigace		14. NAME OF HUSBAND OR WIFE Coris Alice	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 60-100-10000	
17. INFORMANT'S SIGNATURE OR NAME Coris Alice Raymo Potosi, Mo		ADDRESS	
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.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia		DUE TO (b) Malnutrition	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Atherosclerosis		DUE TO (c) Psychoses	
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 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)		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 12/28, 1949 to 12/29, 1949 , that I last saw the deceased alive on 12/28, 1949 , and that death occurred at 7 A m., from the causes and on the date stated above.			
23a. SIGNATURE G. S. Truwell M.D. (Degree of title)		23b. ADDRESS Potosi, Mo.	
23c. DATE SIGNED 12/30/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-31-1949	
24c. NAME OF CEMETERY OR CREMATORY New Masonic Cemetery Potosi		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL REG. 12/30/49		REGISTRAR'S SIGNATURE Albert Suddalfo	
25. FUNERAL DIRECTOR'S SIGNATURE Boyer Funeral Home		ADDRESS Potosi, Mo.	

1-3-50

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.