

FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16616

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greeley	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Riley c. (Last) Radford			4. DATE OF DEATH (Month) (Day) (Year) May 25 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH Nov. 16 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 61 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Centerville Mo.	
13a. FATHER'S NAME Izear Radford			13b. MOTHER'S MAIDEN NAME Margaret Stenett		14. NAME OF HUSBAND OR WIFE Pearl Radford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 712-12-3567		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tom Radford, Lesterville Mo.	

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) Carcinoma of stomach				INTERVAL BETWEEN ONSET AND DEATH 1 year	
		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. Atrio sclerosis, general				151X	

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 May 25, 1950, to May 25, 1950, that I last saw the deceased alive on May 25, 1950, and that death occurred at 9:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bern. Bull m. D.</u> (Degree or title)		23b. ADDRESS <u>Ironton, Mo.</u>		23c. DATE SIGNED <u>5-27-50</u>	
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24a. BURIAL, CREMATION, REMOVAL <u>burial</u>		24b. DATE <u>5-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Fork Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>West Fork Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>May 29, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> 128		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u> <u>Lucy White</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

W. H. B. 111111

JUN 3 1950

DEPARTMENT HEALTH OFFICE No. 4

TEL. No. 650-759

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Russell J. White

Signed
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Dorchester

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.