No. 300
10.48

0581
0

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

THE DIVISION OF HEALTH OF MISSOURI

FILED JUN 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17382

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 374

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
c. LENGTH OF STAY (In this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline 0581
d. STREET ADDRESS (If rural, give location): 136 East Bisbee 0

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) Jackson c. (Last) Sportsman

4. DATE OF DEATH (Month) (Day) (Year): May 30, 1950

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1

8. DATE OF BIRTH: Sept. 4, 1862

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 8 Days 26 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired miner

10b. KIND OF BUSINESS OR INDUSTRY: Miner

11. BIRTHPLACE (State or foreign country): Linn Co., Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Sportsman

13b. MOTHER'S MAIDEN NAME: Mary Lynch

14. NAME OF HUSBAND OR WIFE: Jemnie Sportsman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Jennie Sportsman ADDRESS Marceline, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Pneumonia, Bilat, Septicemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypostasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

490X

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 4-15, 1950, *to* 5-30, 1950, *that I last saw the deceased alive on* 5-30, 1950, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE John W. Smith M.D. (Degree or title) — **23b. ADDRESS** Marceline, Mo — **23c. DATE SIGNED** 5-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1 — **24b. DATE**: June 1, 1950 — **24c. NAME OF CEMETERY OR CREMATORY**: Mt. Olive t — **24d. LOCATION** (City, town, or county) (State): Marceline, Missouri

DATE REC'D BY LOCAL REG.: 5/31/50 — **REGISTRAR'S SIGNATURE**: Mary Jane Curtis 401 — **25. FUNERAL DIRECTOR'S SIGNATURE**: James M. Laughlin — **ADDRESS**: Marceline, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 5 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.