

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19410  
State File No. 19410

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 45-13 Registrar's No. \_\_\_\_\_

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Sullivan</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u><br>b. COUNTY <u>Sullivan</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Milam</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Milam</u> <u>1050</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Simpson Hosp</u>   |  | d. STREET ADDRESS<br>(If rural, give location)<br><u>0</u>  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Mary</u><br>b. (Middle) <u>M.</u><br>c. (Last) <u>Emery</u>  |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>5</u> <u>29</u> - <u>50</u>          |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  | 8. DATE OF BIRTH<br><u>4-9-73</u>   |
| 9. AGE (In years last birthday)<br><u>77</u>   |  | 10. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u>  | 11. BIRTHPLACE (State or foreign country)<br><u>Mo</u>                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>   |   |
| 13a. FATHER'S NAME<br><u>Charles Barnes</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Anna Teegarden</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>E.T. Emery</u>                                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  | 16. SOCIAL SECURITY NO.  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>E.T. Emery</u> <u>Milam Mo</u>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>331X</u> |   |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>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 <u>July</u> , 19 <u>48</u> , to <u>May 29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 29</u> , 19 <u>50</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE<br><u>E.D. Simpson M.D.</u>   |  | 23b. ADDRESS<br><u>Milam</u>  | 23c. DATE SIGNED<br><u>6-2-50</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  | 24b. DATE<br><u>5/31/50</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Oakwood Cemetery</u>   | 24d. LOCATION (City, town, or county) (State)<br><u>Milam Mo</u>                    |
| DATE REC'D BY LOCAL REG.<br><u>June 1 - 1950</u>   | REGISTRAR'S SIGNATURE<br><u>Mrs. H.B. Harris</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Edna E. Jones</u>  | ADDRESS<br><u>Milam Mo</u>  |

DEC 1 1950

RECEIVED JUN 6 1950  
District Health Officer No. 10  
District File Number 6-50-961  
Date Filed JUN 8 1950

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 \_\_\_\_\_

*Dwight Schauer*

Licensed Embalmer No. 2667

P. O. Address Ulan 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.