

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23371

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5470 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL MYERS TOWNSHIP</u>		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	
		d. STREET ADDRESS (If rural, give location) <u>MYERS TOWNSHIP</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCIS</u> b. (Middle) <u>ADELINE</u> c. (Last) <u>THARP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-11-1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT-26-1871</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM WIFE</u>		9b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>78</u> If under 1 year: Months <u>8</u> Days <u>15</u> If under 1 wk. Hours _____ Min. _____
13a. FATHER'S NAME <u>WILLIAM GUMM</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA SHIELDS</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM THARP</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>CARL THARP SPICKARD</u> ADDRESS <u>MO</u>
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) <u>Chronic Myocarditis</u> 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 _____	
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 1st 1950</u> to <u>July 11th 1950</u> , that I last saw the deceased alive on <u>July 8th 1950</u> , and that death occurred at <u>6:00 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Cliver F. Duffly M.D.</u> (Degree or title)		23b. ADDRESS <u>Troutman Mo</u> 23c. DATE SIGNED <u>July 12th</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY-13-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>NORTH EVANS CEM</u>		24d. LOCATION (City, town, or county) (State) <u>GRUNDY CO. MO. 1950</u>	
DATE REC'D BY LOCAL REG. <u>JULY-13-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nathan Cooper</u> 114	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schooler funeral Home Spickard MO.</u> ADDRESS _____	

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

04001



**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.....

*Ross Wise*

Licensed Embalmer No. *3771*

P. O. Address *Spickard 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.