No. 300
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FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30093

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5464 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willard, Murray Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway ~~#166~~ #160

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dade 0390
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Everton 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Delia
b. (Middle):
c. (Last): Searcy

4. DATE OF DEATH (Month) (Day) (Year): October 2, 1950

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: February 12, 1869
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 7, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: In Home
11. BIRTHPLACE (State or foreign country): Newport, Tennessee 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Morgan Ball
13b. MOTHER'S MAIDEN NAME: Delilah Gorman
14. NAME OF HUSBAND OR WIFE: William H. Searcey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: William R. Searcey — ADDRESS: Everton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest

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.

INTERVAL BETWEEN ONSET AND DEATH: E8166 26

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

21a. ACCIDENT (Specify) Highway 160 ~~SUICIDE HOMICIDE~~ Auto accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2 mi S.E. Willard Mo
21c. (CITY, TOWN, OR TOWNSHIP) Murray Township (COUNTY) 039 Greene (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 2 1950 330 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto accident — OM Veh

22. *I hereby certify that I attended the deceased from* Oct 2 *19*50*, to* _____, *19*__, *that I last saw the deceased* Dead *on* Oct 2, *19*50*, and that death occurred at* 330 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W K Webb Judge Magistrate Cont Div one and acting Coroner Tom Co
23b. ADDRESS: Court House Spfg Mo
23c. DATE SIGNED: 10-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 5, 1950
24c. NAME OF CEMETERY OR CREMATORY: Ash Grove
24d. LOCATION (City, town, or county) (State): Ash Grove, Missouri

DATE REC'D BY LOCAL REG.: 10/7/50
REGISTRAR'S SIGNATURE: Irene H. Wilson 104
25. FUNERAL DIRECTOR'S SIGNATURE: Gorman-Scharpf Funeral Home — ADDRESS: ~~Springfield, Missouri~~

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Greene County Health Office,
County File Number 50-10-51
Date Filed 10-13-50

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.

Signed L. Franklin Gorman

Signed .....
Student Embalmer

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.