S. No. 300
v. 10.48

041

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

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40458

BIRTH NO. _____ REG. DIST. NO. 193 PRIMARY REG. DIST. NO. 3022 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Bethany Twp.
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reid Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Fox Creek Twp.
d. STREET ADDRESS (If rural, give location): 8 mi. east Bethany

3. NAME OF DECEASED (Type or Print): a. (First) Sallie b. (Middle) Jane c. (Last) DePriest

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Feb. 14, 1871
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 10, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Warrensburg, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John L. Moss
13b. MOTHER'S MAIDEN NAME: Martha A. Hickman
14. NAME OF HUSBAND OR WIFE: A. J. DePriest

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Grover DePriest — ADDRESS: Bethany 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) Apoplexy — 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) Hypertension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Auricular Fibrillation — 334X

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* 12-2, 1950, *to* 12-15, 1950, *that I last saw the deceased alive on* 12-15, 1950, *and that death occurred at* 7:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. G. Reid DO
23b. ADDRESS: Bethany Mo
23c. DATE SIGNED: 12-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/17/50
24c. NAME OF CEMETERY OR CREMATORY: Miriam
24d. LOCATION (City, town, or county) (State): Bethany Mo.

DATE REC'D BY LOCAL REG.: 12-18-50
REGISTRAR'S SIGNATURE: Zola Burris
25. FUNERAL DIRECTOR'S SIGNATURE: M B Davis — ADDRESS: Bethany Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 27 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 M B Haas

Licensed Embalmer No. 3899

P. O. Address Bethany 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.