

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5423

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 7

0690

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

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Jackson Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Jackson Twp.</b>	
c. LENGTH OF STAY (in this place) <b>24 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>Monroe Co. Infirmary</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Monroe Co. Infirmary</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CORDA</b> b. (Middle) _____ c. (Last) <b>DRY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 23rd, 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>NEVER MARRIED</b>	
8. DATE OF BIRTH <b>AUG 4, 1872</b>		9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	
11. BIRTHPLACE (State or foreign country) <b>Mo. D</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>FARNCE DRY</b>		13b. MOTHER'S MAIDEN NAME <b>FARNCE DRY</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jack Garnett, Supt. Infirmary, Paris, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fall from wagon on farm</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Internal Hemorrhage</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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>About farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jackson Twp., Monroe, Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb. 23, 1951 10:30 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW INJURY OCCURRED <b>Fall from wagon</b>	

22. I hereby certify that I attended the deceased from **Feb 23, 1951**, to **Feb 23, 1951**, that I last saw the deceased alive on **Feb 23, 1951**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Mrs M. Receipt</b> (Name or title) <b>M. D.</b>		23b. ADDRESS <b>Paris, Missouri.</b>		23c. DATE SIGNED <b>2-23-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-24-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Holliday, Missouri.</b>		DATE REC'D BY LOCAL REG. <b>2-24-51</b>		REGISTRAR'S SIGNATURE <b>J. A. Garnett, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>None</b>		ADDRESS _____			

Date Received: FEB 26 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 2-57-44  
Date Filed: FEB 26 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address Paris, Missouri

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.