

STANDARD CERTIFICATE OF DEATH

30832

State File No.

FILED OCT 10 1951

BIRTH NO. REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4319 Registrar's No. 47

630

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

1. PLACE OF DEATH a. COUNTY <u>Maries</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Maries</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belle Mo R.D.</u>		c. LENGTH OF STAY (In this place) <u>20yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belle Mo</u>		0630
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Belle Mo R.F.D.</u>			d. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>----</u> c. (Last) <u>Workmaster</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27-1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>march 11-1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>never married</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Butler Belle Mo R.F.D.</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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs</u>
		ANTECEDENT CAUSES Morbidity 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 <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 9/26, 1951, to 9/27, 1951, that I last saw the deceased alive on 9/26, 1951, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE R.H. Schomholt, M.D. (Degree or title) 23b. ADDRESS 2 Belle Mo 23c. DATE SIGNED 9/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-30-51 24c. NAME OF CEMETERY OR CREMATORY Linn Public 24d. LOCATION (City, town, or county) (State) Linn Mo

DATE REC'D BY LOCAL REG. 9-30-51 REGISTRAR'S SIGNATURE Pauline Howard 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clayton Horton Linn

10-5-51

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 6 1951

RECEIVED

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Levin 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.