

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34295

State File No.

FILED NOV 14 1951

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3048 Registrar's No. 143

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| 1. PLACE OF DEATH a. COUNTY <u>Linnington</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linnington</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u> | |
| c. LENGTH OF STAY (In this place) <u>5 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>1222 South St. Home</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1222 South St. Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>BERT</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1951</u> | |
| a. (First) | b. (Middle) | c. (Last) | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>1876</u> |

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|-----------------------|----------------------------------|--|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|-----------------------|----------------------------------|--|---------------------------|-------------------------|--------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm hand</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Unknown</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.?</u> |
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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>?</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>County Court Sec. Co. Mo.</u> | ADDRESS <u>County Court Sec. Co. Mo.</u> |
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| 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) <u>Carcinoma of Stomach</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>151X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Sept 1, 1957, to Oct 31, 1957, that I last saw the deceased alive on Oct 20, 1957, and that death occurred at 7 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>NW Iron MD</u> | (Degree or title) | 23b. ADDRESS <u>Chillicothe, Mo.</u> | 23c. DATE SIGNED <u>Nov 2, 1951</u> |
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| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11/2/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u> | 24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Nov-2-51</u> | REGISTRAR'S SIGNATURE <u>Frances B. Nell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald F. Gordon</u> | ADDRESS <u>Chillicothe Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Youse



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 Ronald F. Jordan

Signed.....
Student Embalmer

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.