No. 300
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FILED DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42215

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY: LIVINGSTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHILLICOTHE
c. LENGTH OF STAY (In this place): 10 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHILLICOTHE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALDWELL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRAYMER 0130
d. STREET ADDRESS (If rural, give location): CITY LIMITS

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): SHERMAN
c. (Last): NORTH

4. DATE OF DEATH (Month) (Day) (Year): 11/20/1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 25 1865
9. AGE (In years last birthday): 86 — If under 1 year: Months 11, Days; If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: HIRAM NORTH
13b. MOTHER'S MAIDEN NAME: LAUERECIA EMERY
14. NAME OF HUSBAND OR WIFE: MEDA NORTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: F. B. MURRAY
ADDRESS: BRAYMER, 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) Fracture left femur.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) E9030
II. OTHER SIGNIFICANT CONDITIONS 20
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 11-16-51
19b. MAJOR FINDINGS OF OPERATION: Repair open fracture left femur
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) 13 (COUNTY) Caldwell (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 - 10 - 51 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fall on floor.

22. *I hereby certify that I attended the deceased from* Nov 10 *, 19*51*, to* 11-20 *, 19*51*, that I last saw the deceased alive on* 11-20 *, 19*51*, and that death occurred at* 8 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Dowell (Degree or title) M.D.
23b. ADDRESS: Chillicothe Mo
23c. DATE SIGNED: 12-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV. 25 1865
24c. NAME OF CEMETERY OR CREMATORY: ENON CEMETERY
24d. LOCATION (City, town, or county) (State): CARROLL CO.? MO.

DATE REC'D BY LOCAL REG.: 12/10/51
REGISTRAR'S SIGNATURE: Frances B. Neff
25. FUNERAL DIRECTOR'S SIGNATURE: Lewis Michael
ADDRESS: Braymer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 19 1955
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 Gene L. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.