

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21974**

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4017 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Atchison</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rock-Port mo</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township!) <u>Rock-Port mo 0030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rest Home Phelps City Mo</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mont</u> b. (Middle) _____ c. (Last) <u>Credit</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 - 1954</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Dec-16-1871</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR: Months <u>7</u> Days <u>4</u>		11. IF UNDER 1 YEAR: Hours _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher (retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps City Mo.</u>			12. CITIZEN OF WHAT COUNTRY? _____		
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13a. FATHER'S NAME <u>Ed Credit</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Triplett</u>			14. NAME OF HUSBAND OR WIFE <u>Essie Credit (deceased)</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>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ellis Pitzer</u> ADDRESS <u>Rock Port, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic heart disease</u>		
	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"/>	
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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) <u>4200</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			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 May, 1954, to July 20, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wallace Carpenter mo</u> (Degree or title) _____		23b. ADDRESS <u>Rock Port Mo</u>		23c. DATE SIGNED <u>7-21-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 22 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenhill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rock-Port Mo</u>	
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DATE REC'D BY LOCAL REG. <u>July 24, 1954</u>		REGISTRAR'S SIGNATURE <u>Theroin McShackel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>443- Bertram Funeral Home - Rock-Port</u>		ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *W. E. Dutton*

Licensed Embalmer No. 17616

P. O. Address Rock Post Ms

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.