

S. No. 300
IV. 10.48

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33744
Registrar's No. 58

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

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ironton</u>		c. LENGTH OF STAY (In days) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Iron Township</u> <u>0940</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rd. #W west of Iron Mtn.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u> b. (Middle) <u>HENRY</u> c. (Last) <u>COUNTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6 1954</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 20 1882</u>	
9. AGE (In years last birthday) <u>72</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>16</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ellington Missouri.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dealer, Auto salvage</u>		10b. KIND OF BUSINESS OR INDUSTRY					
13a. FATHER'S NAME <u>Charles Counts</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Burns</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Nevada Counts</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Denver Counts, Ironton Mo. Rt. 1</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>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Cholelithiasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>?</u> <u>P</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>.584 X</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 <u>11-1</u> <u>1954</u> to <u>11-6</u> <u>1954</u> , that I last saw the deceased alive on <u>11-6</u> <u>1954</u> and that death occurred at <u>11:50p</u> <u>m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u> <u>MD</u>				23b. ADDRESS <u>Ironton Mo.</u>		23c. DATE SIGNED <u>11-7-54</u>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bismarck, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/9/54</u>		REGISTRAR'S SIGNATURE <u>Miss Aris Jones</u> <u>128</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u> <u>[Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

NOV 15 1934

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 *Arnold White*

Licensed Embalmer No. *3012*

P. O. Address *Quinton, Miss*

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.