

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Nevada</u> <b>VERNON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY OR TOWN <u>Nevada</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>743 East Maple</u> <u>1082</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>Albert</u>		c. (Last) <u>Street</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 25 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 11, 1868</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Street</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Price</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>Mrs. W. H. Hazelwood Eldorado Spgs., Mo.</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, left severe.</u>  ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Patient fell at home 2 weeks before he died.</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of right humerus.</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>2 weeks</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? <u>331XF</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada</u> <u>Vernon</u> <u>Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 1955</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Patient fell at home.</u>			
22. I hereby certify that I attended the deceased from <u>Jan. 23, 1955</u> , to <u>Jan. 25, 1955</u> , that I last saw the deceased alive on <u>Jan. 25, 1955</u> , and that death occurred at <u>8:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Rolla B. May MD</u>				23b. ADDRESS <u>Moore Building Nevada, Mo.</u>		23c. DATE SIGNED <u>Jan. 26, 1955.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 25, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Point Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tiffin, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-29-55</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> <u>451</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Homr</u>		ADDRESS <u>Nevada, Mo.</u>	

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

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**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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No..... 48

P. O. Address Nevada, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.