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FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23377

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY Farmington, Mo. St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Francois Twp.		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Farmington
d. FULL NAME OF HOSPITAL OR INSTITUTION McGuire Nursing Home		e. STREET ADDRESS (If rural, give location) Farmington, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Noah b. (Middle) Anderson c. (Last) Counts			4. DATE OF DEATH (Month) (Day) (Year) July 27, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 17, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 6 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (City and State or Foreign Country) St. Genevieve County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anderson Counts	13b. MOTHER'S MAIDEN NAME Caroline Smith	14. NAME OF HUSBAND OR WIFE Mary Francis Depper
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Viola Parker, Farmington, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 mo. 6 mo. 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured hip & decubiti DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senescence & generalized arteriosclerosis			

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **1-23, 1955**, to **7-29, 1955**, that I last saw the deceased alive on **7-21, 1955**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE George W. Whitman M.D. (Degree or title)	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 7-29-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 30, 1955	24c. NAME OF CEMETERY OR CREMATORY Parkview	24d. LOCATION (City, town, or county) (State) Farmington, Mo
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DATE REC'D BY LOCAL REG. July 29, 1955	REGISTRAR'S SIGNATURE Ethel K. ...	25. FUNERAL DIRECTOR'S SIGNATURE Cozeal Funeral Home, Farmington, Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

a to f to

1954
AUG 4

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. 40
P. O. Address Farmington

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.