

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

826

State File No.

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Lavaca</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lavaca</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jamesport</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Jamesport</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		e. STREET ADDRESS (If rural, give location) <u>D 310</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>PROVANCE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8 1956</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 13-1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Princeton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Thomas Provance</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Kincaid</u>	14. NAME OF HUSBAND OR WIFE <u>Hulda Walden Provance</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes Spain Am.</u>	16. SOCIAL SECURITY NO. <u>486-30-1657</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hulda Provance</u>	ADDRESS <u>Jamesport, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> <u>10 yrs.</u> <u>7 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Chronic fibrinous nephritis</u>		
	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 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)	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 Sept 5, 1955, to Jan 8, 1956, that I last saw the deceased alive on Jan 8, 1956, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.B. Bailey</u> (Degree or title)	23b. ADDRESS <u>Jamesport Mo.</u>	23c. DATE SIGNED <u>1-14-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 10-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mason</u>	24d. LOCATION (City, town, or county) (State) <u>Jamesport Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-23-56</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harvey C. Tolson</u>	ADDRESS <u>Jamesport Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 Q. H. Roberson.....

Licensed Embalmer No. 324.....

P. O. Address J. neppert.....

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.