No. 300
10.48

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37005

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WARSAW
c. LENGTH OF STAY (in this place) 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lakeside Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Benton
c. CITY OR TOWN WARSAW
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 2080

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Penn
c. (Last) Sally

4. DATE OF DEATH (Month) Nov (Day) 24 (Year) 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 6, 1873
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 2 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Benton Co., Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. J. Sally
13b. MOTHER'S MAIDEN NAME Sarah Lopp
14. NAME OF HUSBAND OR WIFE Eva Sally

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Eva Sally ADDRESS Warsaw Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular accidents, recurrent — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized — ? years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis with azotemia — 30 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331.X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-30, 1956, *to* 11-23, 1956, *that I last saw the deceased alive on* 11-23, 1956, *and that death occurred at* 12:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE E. Rhodes (Degree or title) M.D.
23b. ADDRESS Warsaw, Mo
23c. DATE SIGNED Nov 26, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 27, 1956
24c. NAME OF CEMETERY OR CREMATORY South New Home
24d. LOCATION (City, town, or county) (State) Cross Timbers Hickory Co., Mo

DATE REC'D BY LOCAL REG. Nov 27-1956
REGISTRAR'S SIGNATURE Jas. A. Logan
25. FUNERAL DIRECTOR'S SIGNATURE John F. Rieu ADDRESS Warsaw

(Licensed Embalmer's Statement on Reverse Side)

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

230

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 40

P. O. Address Warsa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.