

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025006

State File No.

FILED JUL 21 1958

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5321 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Clarksburg</u>		c. CITY OR TOWN <u>Clarksburg</u>	
c. LENGTH OF STAY (in this city or town) <u>4 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTH MONITEAU</u>		f. STREET ADDRESS (If rural, give location) <u>R.P.D. Clarksburg</u> (TOWNSHIP) <u>SOUTH MONITEAU</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>A.</u> c. (Last) <u>EMBRY</u>			4. DATE OF DEATH (Month) <u>June</u> (Day) <u>30</u> (Year) <u>1958</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>March 20, 1893</u>	9. AGE (in years last birthday) <u>65</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>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Round Hill, Cooper County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Sidney J. Embry</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Doerner Embry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-30-3131</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Embry</u> ADDRESS <u>Clarksburg, 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>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>None known</u> DUE TO (c) _____ 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>15 min.</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 June 20, 1958 to June 30, 1958, that I last saw the deceased alive on June 30, 1958, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard D. Conn</u>		23b. ADDRESS <u>Clarksburg, Mo.</u>		23c. DATE SIGNED <u>7-2-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 3, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery Rural Station</u> (State) <u>Mo.</u>	

DATE REC'D BY LOCAL REG. <u>July 19, 58</u>		REGISTRAR'S SIGNATURE <u>Virginia T. Higgins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard D. Conn</u> ADDRESS <u>Clarksburg, Mo.</u>	
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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..... *Richard F. Conn*

Licensed Embalmer No. *4703*

P. O. Address *Jipton, Mo.*

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.