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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **40117**

FILED JAN 4 1950

500

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

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4025</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>McDonald - Barry</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton</u>		c. LENGTH OF STAY (In this place) <u>1 wk</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rocky Comfort</u>		<u>60</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheaton Hospital</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Solomon</u>	b. (Middle) <u>L</u>	c. (Last) <u>Lady</u>	(Month) <u>Dec</u>	(Day) <u>15</u>	(Year) <u>1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept-6-1865</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	IF UNDER 1 MTH. Hours _____ Mins. _____	
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 _____		11. BIRTHPLACE (State or foreign country) <u>1 Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Cape Lady</u>		13b. MOTHER'S MAIDEN NAME <u>W.K.</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie Lady</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mamie Lady</u> ADDRESS <u>Rocky Comfort Mo</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>				<u>2 year</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				<u>151A</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ m. _____		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 <u>May 1, 1948</u> to <u>12-15, 1949</u> , that I last saw the deceased alive on <u>12-17, 1949</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.G. Smith</u> (Degree or title) <u>W.D.</u>				23b. ADDRESS <u>Wheaton Mo</u>		23c. DATE SIGNED <u>12-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clark</u>		24d. LOCATION (City, town, or county) (State) <u>Barry Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 22-1949</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M.E.D. Mum</u> ADDRESS <u>Funeral Home Wheaton Mo.</u>			

RECEIVED DEC 28 1949

District Health Office No. 6/

District File Number 1249-1389

Date Filed ~~DEC 28 1949~~

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.

Signed Paul D. Henbest

Signed.....
Student Embalmer

Licensed Embalmer No. 4576

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.