

STANDARD CERTIFICATE OF DEATH

State File No. **38638**
Registrar's No. **64**

FILED NOV 19 1953

BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **4158**

0300

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

1. PLACE OF DEATH a. COUNTY DALLAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUFFALO	c. LENGTH OF STAY (in this place) 10 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buffalo	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) **RHEA** b. (Middle) **ELMER** c. (Last) **MCARRON** 4. DATE OF DEATH (Month) (Day) (Year) **11-10-1953**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **8-21-1882** 9. AGE (In years last birthday) **71** 10. IF UNDER 1 YEAR Months **2** Days **10** 11. IF UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Treasurer Dallas Co.** 10b. KIND OF BUSINESS OR INDUSTRY **Missouri** 11. BIRTHPLACE (State or foreign country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Wm McArron** 13b. MOTHER'S MAIDEN NAME **Alma** 14. NAME OF HUSBAND OR WIFE **Helen Waterman**

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

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **Medicine by gunshot** MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Medicine by gunshot** INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) **wound in the heart** DUE TO (c) **No injury** 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 NO **E976 X**

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) **Buffalo Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) _____ 23b. ADDRESS **Buffalo Mo** 23c. DATE SIGNED **11-11-53**

24a. BURIAL CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11-13-53** 24c. NAME OF CEMETERY OR CREMATORY **Oak Lawn** 24d. LOCATION (City, town, or county) (State) **Buffalo Mo**

DATE REC'D BY LOCAL REG. **11/16/53** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **Buffalo Mo**

APR 15 1954

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
Student Embalmer

Signed

Leonard James

Licensed Embalmer No. *2508*

P. O. Address *Buffalo 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.