

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **8431**

**FILED MAR 21 1947**

Registration District No. **73**

Primary Registration District No. **5344**

Registrar's No. **19**

29  
 9

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

1. PLACE OF DEATH:

(a) County **Dade Township**  
 (b) City or town **Rural--North Morgan County**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**XXXXXX Home**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **XXXXXXX**  
 (Specify whether  
 In this community **All of her life**  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dade**  
 (c) City or town **Rural**  
 (If outside city or town limits, write "RURAL"  
 (d) Street No. **North Morgan County Sup. 1**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **XXXXXXXXXX**

3. (a) PRINT FULL NAME **LAVINA DALE ROUNTREE**

3. (b) If veteran, name was **XXXX** 3. (c) Social Security No. **XXXX**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**  
 6. (b) Name of husband or wife **E. E. Rountree** 6. (c) Age of husband or wife if alive **79** years  
 7. Birth date of deceased **May 7, 1869**  
 (Month) (Day) (Year)

8. AGE: Years **77** Months **9** Days **23** If less than one day **XX hr. XX min.**

9. Birthplace **Cane Hill, Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Housewife**

MOTHER FATHER  
 12. Name **William A. Dale**  
 13. Birthplace **Unknown Tennessee**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Rebecca Lewis**  
 15. Birthplace **Unknown Tennessee**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Hale Rountree**  
 (b) Address **Dadeville, Missouri**

17. (a) **Burial** (b) Date thereof **3-4-1947**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenfield, Mo.**  
 18. (a) Signature of funeral director **CHURCH AND NEALE**  
 (b) Address **Stockton, Missouri**

19. (a) **3-10-47** (b) **Geo. H. Weir**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3**  
 year **1947** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw her alive on **3-1-1947**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma stomach metastatic to liver**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations **H&B**  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature **Wm. B. Richter** (M. D. or other)  
 Address **St. Charles Mo.** Date signed **3-4-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

79

MAY 2 1947

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stowell 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.**