. No. 300
1—10-47
. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15419

Registration District No. 38 | Primary Registration District No. 5120 | Registrar's No. 147

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Brown Station Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Brown Station
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: ELIZABETH LEE O'REAR
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Allen B. O'Rear
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: 7 (Month) - 31 (Day) - 1864 (Year)

8. AGE: Years 83 | Months 9 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business ____
FATHER 12. Name: Samuel D. Turner
FATHER 13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Pauline Frances Tucker
MOTHER 15. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: S.A. O'Rear
(b) Address: Brown Station, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Gilliad Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) June 1, 1948 (Date received local registrar) (b) Mrs. R E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 10 year: 1948 hour: 10 minute: 20 A.M.
21. I hereby certify that I attended the deceased from 5-8 ____, 1948 to 5-10 ____, 1948 that I last saw him alive on 5-8-48 ____, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thr.	
Due to: Myocarditis Not known	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(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? No (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: W. D. Dysart M.D. (M. D. or other)
Address: Columbia Mo. Date signed: 5-13-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
JUN 10 1948
Date Filed

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 Thos L. Darling

Licensed Embalmer No. 4132

P. O. Address Columbia, M

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.