S. No. 300
v. 10.48

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

FILED JAN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42345

State File No.:

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6280 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hartville – Rural
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rest Home at Hartville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wright 114
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hartville Hart 0 0
d. STREET ADDRESS (If rural, give location): one-half Mile South Hartville 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mabel
b. (Middle): Ernestine
c. (Last): Passmore

4. DATE OF DEATH (Month) (Day) (Year): 12 26 48

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 2 1892
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 2, Days 24 — IF UNDER 11 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hartville 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: William J. Lidy
13b. MOTHER'S MAIDEN NAME: Sarah C. Dyer
14. NAME OF HUSBAND OR WIFE: Ben Passmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ben Passmore Hartville, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 5 years.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. 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 ☐

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): Hartville Wright Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* May, 1943, *to* Dec 26, 1948, *that I last saw the deceased alive on* Dec 10, 1948, *and that death occurred at* 7:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F E Worthey D.O.
23b. ADDRESS: Hartville Mo.
23c. DATE SIGNED: 12-28-48.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-28-48
24c. NAME OF CEMETERY OR CREMATORY: Steel Memorial
24d. LOCATION (City, town, or county) (State): Hartville Mo.

DATE REC'D BY LOCAL REG.: 12-31-48
REGISTRAR'S SIGNATURE: E B Garner 346
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gene E Holdren Hartville, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File number 149-26
Date Filed 1-5-49

JAN 25 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.

Student .....
Student Embalmer

Signed Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hartville, 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.