

FILED JAN 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2010

State File No. \_\_\_\_\_

Registrar's No. 210

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4367

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Ritchey</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ritchey</u>	
c. LENGTH OF STAY (in this place) <u>62 years</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u>		b. (Middle) <u>(None)</u>	
c. (Last) <u>Laurance</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-13-1863</u>
9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Kodie Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Christian Cook</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ekweh</u>	14. NAME OF HUSBAND OR <del>WIFE</del> <u>George W. Laurance</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 ADDRESS <u>Grover T. Laurance Ritchey</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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>420'0</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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>Sept. 7, 1947</u> , to <u>Dec. 29, 1948</u> , that I last saw the deceased alive on <u>Dec. 29, 1948</u> , and that death occurred at <u>5:20 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles O. Chute D.O.M.Granby, Mo</u>		23b. ADDRESS _____	23c. DATE SIGNED <u>1-5-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-6-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEWTONIA I.O.D.F.</u>	24d. LOCATION (City, town, or county) (State) <u>NEWTONIA MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>1-5-1949</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson</u>	ADDRESS <u>Neosho Mo.</u>

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

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RECEIVED  
Newlin G. Hestly  
Inspector in Charge of Office No. 1111  
149-13  
Date Filed 1-11-49

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 \_\_\_\_\_

*Rellie Kessel*

Student Embalmer No. *228*

working under my personal supervision.

Signed *Rellie Kessel*  
Student Embalmer

Signed *Corley Thompson*  
Licensed Embalmer No. *3259*  
P. O. Address *Neosho 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.