No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8971

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 2033 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wood Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Laclede 53
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
d. STREET ADDRESS (If rural, give location): Wood St.

3. NAME OF DECEASED (Type or Print): a. (First) Nancy b. (Middle) E. c. (Last) Howard
4. DATE OF DEATH (Month) (Day) (Year): 4 / 10 / 1949
5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 5
8. DATE OF BIRTH: Feb 13 1878
9. AGE (In years last birthday): 71 — If UNDER 1 YEAR: Months, Days — If UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Mercer County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Dillivon Brewer
13b. MOTHER'S MAIDEN NAME: Elizabeth Miller
14. NAME OF HUSBAND OR WIFE: Jim Howard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Elbert Saunders ADDRESS: Lebanon, Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

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. Chronic Nephritis

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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):
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* Feb, 1949, *to* Apr, 1949, *that I last saw the deceased alive on* Apr. 2, 1949, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Summers (Degree or title) MD
23b. ADDRESS: Lebanon Mo
23c. DATE SIGNED: 4-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/12/49
24c. NAME OF CEMETERY OR CREMATORY: Lebanon City Cem
24d. LOCATION (City, town, or county) (State): Lebanon Mo

DATE REC'D BY LOCAL REG.: 4/11/1949
REGISTRAR'S SIGNATURE: Nella L. May 424
25. FUNERAL DIRECTOR'S SIGNATURE: Palmer's ADDRESS: Lebanon

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 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 Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.