

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12153**

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **118**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Mo 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton Genl Hospit		d. STREET ADDRESS (If rural, give location) 115 East Clinton Mo	
3. NAME OF DECEASED (Type or Print) a. (First) Dora b. (Middle) ✓ c. (Last) East		4. DATE OF DEATH (Month) (Day) (Year) May 2 1949	
5. SEX FEMALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH June 1880
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 11 Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Henry Co Mo
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME George East		13b. MOTHER'S MAIDEN NAME Elizabeth Harvey	14. NAME OF HUSBAND OR WIFE single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Will East ADDRESS Clinton Mo RR
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) Intestinal obstruction - INTERVAL BETWEEN ONSET AND DEATH 5 days ANTECEDENT CAUSES partial DUE TO (b) Cause undetermined DUE TO (c) _____ II. 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 <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 Apr 3 , 19 49 , to May 2 , 19 49 , that I last saw the deceased alive on May 2 , 19 49 and that death occurred at 5:55 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Deceased or title) [Signature]		23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED May 2, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-4-49	24c. NAME OF CEMETERY OR CREMATORY Good Hope	24d. LOCATION (City, town, or county) (State) Near Coal Mo Henry Co Mo
DATE REC'D BY LOCAL REG. 5-4-49	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE J. E. Conzelmann ADDRESS Clinton Mo	

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

42
1
2
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RECEIVED
District Health Officer No. 7,
District File Number 4-49-50
Date Filed 5-9-49

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 _____

Eugene R. Concalin

Student Embalmer No. 281

working under my personal supervision.

Signed Eugene R. Concalin
Student Embalmer

Signed

J. E. Concalin

Licensed Embalmer No. 1891

P. O. Address Clinton 2

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.