

No. 300
10.48

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13064
46

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 2041 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>South Allen</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora A.</u> b. (Middle) <u>Bear</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 1949</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 1-1868</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>15</u>	11. UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (State or foreign country) <u>Macon Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Perry Franklin</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Wayland</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jimmie Gipson</u>	ADDRESS <u>Macon</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Pancreas</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis 157x</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 26, 1949, to March 15, 1949 that I last saw the deceased alive on March 5, 1949, and that death occurred at home m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. L. Durdick</u>	23b. ADDRESS <u>Macon</u>	23c. DATE SIGNED <u>3/18/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hebron Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Macon Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Apr 9-49</u>	REGISTRAR'S SIGNATURE <u>Beth McNeely</u>	185	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephens & Goodding</u>	ADDRESS <u>Macon</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 44972

Date Filed APR 27 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 C. L. Stephens

Licensed Embalmer No. 2057

P. O. Address Macon, 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.