

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18312**

BIRTH NO. _____		REG. DIST. NO. <b>33C</b>		PRIMARY REG. DIST. NO. <b>6128</b>		Registrar's No. <b>22</b>			
1. PLACE OF DEATH a. COUNTY <b>Shannon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Shannon</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eminence</b>		c. LENGTH OF STAY (in this place) <b>30 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eminence</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lydia</b>			b. (Middle) <b>Lenora</b>		c. (Last) <b>Reary</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 19-1949</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 12-1880</b>	9. AGE (in years last birthday) <b>69</b>	# UNDER 1 YEAR Months <b>1</b>	# UNDER 1 YEAR Days <b>7</b>	# UNDER 1 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Pottersville, Mo. 0</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Tabor</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Fox</b>		14. NAME OF HUSBAND OR WIFE <b>A H Reary</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joe R. Duncan Mtn View, Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis and cerebral hemorrhage</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>2150</b>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 _____, 19 <b>46</b> , to <b>5-19</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>5-19-</b> , 19 <b>49</b> , and that death occurred at <b>8:45p m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>N. T. Emery, M.D.</b>				23b. ADDRESS <b>Eminence, Missouri</b>			23c. DATE SIGNED <b>5-28-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 22-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Summers Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Eminence, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>6-4-49</b>		REGISTRAR'S SIGNATURE <b>H. B. Rees</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>306 Duncan funeral Home Mtn View, Mo.</b>				

RECEIVED

6/7/49

District Health Officer No. 5,

District File Number 649419

Date Filed 6/9/49

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed *Joe L. Duncan* .....

Licensed Embalmer No. *4325* .....

P. O. Address *Yonkers New York* .....

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.