

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22484

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR		d. STREET ADDRESS (If rural, give location) 408 N. Gulf	
d. FULL NAME OF HOSPITAL OR INSTITUTION 408 N. Gulf					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) DORIS	b. (Middle) RUTH	c. (Last) IHM	(Month) JULY	(Day) 23	(Year) 1949

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 14, 1902	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) NEOLA, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME J. H. BROWN	13b. MOTHER'S MAIDEN NAME DELLA DOYLE	14. NAME OF HUSBAND OR WIFE JOSEPH FRANK IHM
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOSEPH FRANK IHM	ADDRESS LAMAR, MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Aug. 1948 Jan. 1948 174x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic Carcinoma Liver, Bone etc		
	II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cancer fundus of uterus	
		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cancer fundus uterus, major, Jan. 1948	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 **Dec 28, 1947**, to **July 23, 1949**, that I last saw the deceased alive on **July 22, 1949**, and that death occurred at **5:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Bern T. Dickel, M.D.	(Degree or title)	23b. ADDRESS Lamar, Mo.	23c. DATE SIGNED 7/25/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 27, 1949	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Lamar, Missouri
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DATE REC'D BY LOCAL REG. 7/25/49	REGISTRAR'S SIGNATURE Marie Konantz	25. FUNERAL DIRECTOR'S SIGNATURE KONANTZ FUNERAL HOME	ADDRESS LAMAR, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 2 1949
District Health Office No. 6,
District File Number 849-911
Date Filed 8-3-49

OCT 13 1951

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 _____

WALTER J. KONANTZ

Student Embalmer No. 319

working under my personal supervision.

Signed Walter J. Konantz
Student Embalmer

Signed Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.