

No. 300
10.48

FILED AUG 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27409

State File No.

Registrar's No. 87

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725

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

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Callao</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MACON HUDSON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Lakeview Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Reuben</u> b. (Middle) <u>C.</u> c. (Last) <u>Nodgers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 23 49</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-30-67</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>MACON COUNTY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Nodgers</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Peter</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L. J. McEarty</u>	ADDRESS <u>Callao Mo.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Secondary Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unfractured</u>		
	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"/>
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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) _____	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 July 2, 1949 to July 23, 1949, that I last saw the deceased alive on July 23, 1949, and that death occurred at 7 P. M. from the causes and on the date stated above.

23a. SIGNATURE <u>L. J. McEarty</u> (Degree or title)	23b. ADDRESS <u>Callao, Mo.</u>	23c. DATE SIGNED <u>8/1/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hebron Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>College Mound Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-9-49</u>	REGISTRAR'S SIGNATURE <u>Beth McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Edwards</u>	ADDRESS <u>Bevier, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 15 1948
District Health Officer No. 10
District File Number 8-49-1406
Date Filed AUG 16 1948

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.

Signed *A.S. Howard*

Signed
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address. Bevier 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.