S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30871

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 160

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon In
c. LENGTH OF STAY (In this place): 6 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
d. STREET ADDRESS (If rural, give location): Lebanon Box 215

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3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Alice c. (Last) McBride

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 1949

5. SEX: F **6. COLOR OR RACE**: W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married **8. DATE OF BIRTH**: Aug 9, 1877 **9. AGE** (In years last birthday): 72 IF UNDER 1 YEAR: Months 1 Days 13 IF UNDER 1 HR.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: ___
11. BIRTHPLACE (State or foreign country): Laclede co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Terrance McBride
13b. MOTHER'S MAIDEN NAME: Ann Rice
14. NAME OF HUSBAND OR WIFE: ___

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ___
16. SOCIAL SECURITY NO.: ___
17. INFORMANT'S SIGNATURE OR NAME: Mrs P. R. McBride **ADDRESS**: Lebanon Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dermatitis Herpeteformis — INTERVAL BETWEEN ONSET AND DEATH: 5 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ___

DUE TO (c) ___

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Senility, Chronic nephritis — 7065

19a. DATE OF OPERATION: ___
19b. MAJOR FINDINGS OF OPERATION: ___
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ___

22. *I hereby certify that I attended the deceased from* June 1, 19 49 *to* Sept 22 19 49, *that I last saw the deceased alive on* Sep 22, 19 49 *and that death occurred at* 8 40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jerrell H. Johnson MD (Degree or title) **23b. ADDRESS**: Lebanon Mo **23c. DATE SIGNED**: Sep 24 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 24 1949
24c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Lebanon Mo.

DATE REC'D BY LOCAL REG.: 9-24-1949
REGISTRAR'S SIGNATURE: Nella L. May 424
25. FUNERAL DIRECTOR'S SIGNATURE: Richard L. Palmer **ADDRESS**: Lebanon, Mo

(Licensed Embalmer's Statement on Reverse Side)

Received SEP 27 1949

Laclede County Health Unit

File No. P-49-143

Date Filed SEP 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 Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.