

FILED OCT 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30933

State File No.

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BIRTH NO. _____ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 4-276 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City Mo</u> <u>55</u>	
c. LENGTH OF STAY (in this place) <u>70 years</u>		d. STREET ADDRESS (If rural, give location) <u>103 Elm St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>103 Elm St Pierce City Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>Lewis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1949</u>	
a. (First) <u>Lewis</u>	b. (Middle) <u>Pauline</u>	c. (Last) <u>McDonough</u>	
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>Sept 8, 1879</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>70 0 18</u>		10. BIRTHPLACE (State or foreign country) <u>Pierce City Mo</u>	
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	
11. BIRTHPLACE (State or foreign country) <u>Pierce City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>James R. Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Martha J. Perkins</u>	
13c. NAME OF HUSBAND OR WIFE <u>Thomas P. McDonough</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. _____	
16. INFORMANT'S SIGNATURE OR NAME <u>Mr. Thomas Wadell</u>		ADDRESS <u>Pierce City Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute enteritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pernicious anemia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary tuberculosis, arrested</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>May 7, 1949</u> , to <u>Sept 26, 1949</u> , that I last saw the deceased alive on <u>Sept 26, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u>		23b. ADDRESS <u>Pierce City, Mo</u>	
23c. DATE SIGNED <u>Sept 28, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 28-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-27-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Claude A. Edwards</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bro. ...</u>		ADDRESS <u>Pierce City Mo</u>	

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

APR 6 1950

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

Edwin J. Wilke

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Edwin J. Wilke

Licensed Embalmer No.

4131

P. O. Address

Puce City 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.