No. 300
10-48

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FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30996

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 4304 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ludlow
c. LENGTH OF STAY (in this place): 4 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe 59
d. STREET ADDRESS (If rural, give location): 00

3. NAME OF DECEASED (Type or Print)
a. (First): MAY
b. (Middle): LOUISA
c. (Last): Temple

4. DATE OF DEATH (Month) (Day) (Year): Oct 5 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: MAY 18, 1869
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 4, Days 17 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: John F. Finley
13b. MOTHER'S MAIDEN NAME: Lydia A.
14. NAME OF HUSBAND OR WIFE: Ben Temple Dec.

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 Andrew Sprouse — ADDRESS: Ludlow Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Complete exaustion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Emaciation & Debility
DUE TO (c): Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 794X

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* 11-3, 1948, *to* 10-5, 1949, *that I last saw the deceased alive on* 10-4, 1949, *and that death occurred at* 6-a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. J. A. Harvey D.C.
23b. ADDRESS: 721½ Webster Chillicothe Mo.
23c. DATE SIGNED: 10-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-7-49
24c. NAME OF CEMETERY OR CREMATORY: Ludlow Cemetery
24d. LOCATION (City, town, or county): Ludlow (State): Mo

DATE REC'D BY LOCAL REG.: Oct. 7 1949
REGISTRAR'S SIGNATURE: Leslie L. Ewing .175
25. FUNERAL DIRECTOR'S SIGNATURE: E. A. Dickerson — ADDRESS: Bogard Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 8 1949

RECEIVED
OCT 10 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 E. A. Deckerson

Signed _____
Student Embalmer

Licensed Embalmer No. 2534

P. O. Address Bogard 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.