

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38377

FILED DEC 7 1949

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6026 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Near Bunker, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION None. Near Bunker, Mo			

3. NAME OF DECEASED (Type or Print) a. (First) Nellie	b. (Middle) Mae	c. (Last) Laramore	4. DATE OF DEATH (Month) (Day) (Year) Oct 26 1949
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 24, 1894	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Reynolds County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Thomas Stout	13b. MOTHER'S MAIDEN NAME Mary Byrd	14. NAME OF HUSBAND OR WIFE Charles W. Laramore
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles W. Laramore, Banner, 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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile accident, immediate death, broken neck		
	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.		E 823.4 32	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Reynolds, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 26 49 4:50 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident - Road to Banner
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:50 P. M., from the causes and on the date stated above.

23a. SIGNATURE J. R. Pyatte (Degree or title)	23b. ADDRESS M.D. (Coroner) Centerville, Mo.	23c. DATE SIGNED 10/28/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/28/49	24c. NAME OF CEMETERY OR CREMATORY Centerville	24d. LOCATION (City, town, or county) (State) Centerville, Missouri
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DATE REC'D BY LOCAL REG. NOV. 23/1949	REGISTRAR'S SIGNATURE E. M. Fitzpatrick	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Spencer Salem, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

11/28/49

District Health Officer No. 5,

District File Number 114972

Date Filed 11/30/49

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

Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.