

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5243  
Registrar's No. 229

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3038

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Falcon</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>Falcon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Bell</u> c. (Last) <u>Morehouse</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 7, 1884</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u>	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>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Hamill</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Murrell</u>	14. NAME OF HUSBAND OR WIFE <u>J.W. Morehouse</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.W. Morehouse</u>	ADDRESS <u>Falcon 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abscess, lung</u>		
	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.		521X	

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) (Min.) _____	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 Dec 28, 1949 to Jan 31, 1950, that I last saw the deceased alive on Jan 31, 1950, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.H. Johnson M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Lebanon Mo</u>	23c. DATE SIGNED <u>2-1-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 2, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dougan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-2-1950</u>	REGISTRAR'S SIGNATURE <u>Wella L. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Halman</u>	ADDRESS <u>Lebanon Mo.</u>
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Received FEB 7 1950  
Laclede County Health Unit  
File No. 2-50-26  
Date Filed FEB 15 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Dorsey M. Howe*

Licensed Embalmer No. *4222*

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.