

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5842

| | | | | |
|--|---------------------------|--|--|---|
| BIRTH NO. | | REG. DIST. NO. 301 | PRIMARY REG. DIST. NO. 6034 | Registrar's No. 6036 |
| 1. PLACE OF DEATH a. COUNTY Ripley | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ripley | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Rural Harris | | c. CITY (If outside corporate limits, write RURAL and give township) Rural Harris | | |
| c. LENGTH OF STAY (In this place) 33 year | | d. STREET ADDRESS (If rural, give location) 10 Mi. S.E. Doniphan, Mo. | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION None | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Luella | | b. (Middle) Routon | | c. (Last) Routon |
| 4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1950 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH June 12, 1870 | 9. AGE (In years last birthday) 79 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Graves Co. Kentucky | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Wm. Routon | | 13b. MOTHER'S MAIDEN NAME Kathryn Brown | | 14. NAME OF HUSBAND OR WIFE None |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO. | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. H. Clark Doniphan, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>1-5-50</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. | | |
| 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) | | 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>1-5</u> , 19 <u>50</u> , to <u>1-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan. 17, 1950</u> , and that death occurred at <u>10-9</u> m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>Clifford J. [Signature]</u> (Degree or title) | | 23b. ADDRESS <u>Doniphan Mo</u> | | 23c. DATE SIGNED <u>1-20-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Buried | | 24b. DATE Jan. 19/19 <u>50</u> | | 24c. NAME OF CEMETERY OR CREMATORY New Hope |
| 24d. LOCATION (City, town, or county), (State) Ripley County Mo. | | | | |
| DATE REC'D BY LOCAL REG. 1-20-50 | | REGISTRAR'S SIGNATURE <u>Ed Johnston</u> 277 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gish Funeral Home Naylor, Mo. |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48911
1

RECEIVED 2/13/50
District Health Officer No. 5,
District File Number 250101
Date Filed 2/17/50

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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.