

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8147

State File No.

BIRTH NO. <u>3-20-50</u>		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>454</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade Washington Twp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Dade Mo</u> b. COUNTY <u>Dade</u>			
b. CITY OR TOWN <u>So Greenfield Rural</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lockwood Mo Rural</u>		U-290	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mitchell Nursing Home</u>				d. STREET ADDRESS <u>Washington Twp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>Preston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 19 1950</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>Mar. 13, 1862</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 24 HRS. Hours <u>0</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Jasper Co</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John K Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Arnatta White</u>		14. NAME OF HUSBAND OR WIFE <u>C.C. Preston</u>			
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 ADDRESS <u>Mrs Fred Dicus Greenfield Mo rt.</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>Arterio Sclerosis</u> ANTECEDENT CAUSES <u>Senility</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>7500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>3-17-1950</u> , to <u>3-17-1950</u> , that I last saw the deceased alive on <u>3-20-1950</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. Combs</u> (Degree or title)				23b. ADDRESS <u>Lockwood Mo</u>		23c. DATE SIGNED <u>3-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 21 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lockwood</u>		24d. LOCATION (City, town, or county) (State) <u>Lockwood MO</u>	
DATE REC'D BY LOCAL REG. <u>Mar 20-50</u>		REGISTRAR'S SIGNATURE <u>Geo E. New</u> <u>79</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Allison Greenfield Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 27 1950

District Health Office No. 6,

District File Number

350-375

Date Filed

3-28-50

RECEIVED

District

District File Number

Date Filed

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

W.R. Allison

Licensed Embalmer No.

4404

P. O. Address

Greenfield Ma

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.