S. No. 300
10.48

FILED MAR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9906

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5969 Registrar's No. 41

840

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dunnegan Village
c. LENGTH OF STAY (in this place): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West part of Dunnegan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dunnegan - Village 840
d. STREET ADDRESS (If rural, give location): West part of Dunnegan

3. NAME OF DECEASED (Type or Print): a. (First) Lula b. (Middle) E c. (Last) LaRew
4. DATE OF DEATH (Month) (Day) (Year): Feb 17 1950
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 8 1876
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 7 Days 9 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Polk County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William R. Holman
13b. MOTHER'S MAIDEN NAME: Mary Carneal
14. NAME OF HUSBAND OR WIFE: James L. LaRew
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Hazel Ault, Nevada Mo — ADDRESS

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic Heart disease	years
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ~~DUE TO~~ (b)	(c terminal occlusion)	6 hrs
DUE TO (c)	Chronic Hypertension	years
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		4 200

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* June 14, 1946, *to* Feb 17, 1946, *that I last saw the deceased alive on* Feb 17, 1946, *and that death occurred at* 2:05 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Julius F. Wilson DO.
23b. ADDRESS: Fair Play Mo
23c. DATE SIGNED: 2/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 19 1950
24c. NAME OF CEMETERY OR CREMATORY: Dunnegan Cemetery
24d. LOCATION (City, town, or county) (State): Dunnegan Mo

DATE REC'D BY LOCAL REG.: Mar. 25, 1950
REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon
25. FUNERAL DIRECTOR'S SIGNATURE: Erwin and Blue
ADDRESS: Bolivar Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 2-50-30
Date Filed 3-27-58

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 Roy Foster
Licensed Embalmer No. 4154
P. O. Address Bolivar, 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.