.S. No. 300
Rev. 10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

10438

State File No. 3159

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

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**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Lecoma
b. COUNTY: 0330
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lecoma Mo.
d. STREET ADDRESS (If rural, give location): /

**3. NAME OF DECEASED** (Type or Print) a. (First) Eva Mae b. (Middle) Force c. (Last)

**4. DATE OF DEATH** (Month) (Day) (Year): April 2, 1950.

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: April 20, 1898
**9. AGE** (In years last birthday): 51 — IF UNDER 1 YEAR: Months 11, Days 13 — 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**: _____
**11. BIRTHPLACE** (State or foreign country): Kentucky
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Lloyd H. Hinds
**13b. MOTHER'S MAIDEN NAME**: Delilah Lyons
**14. NAME OF HUSBAND OR WIFE**: Austin S. Force

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service): _____
**16. SOCIAL SECURITY NO.**: _____
**17. INFORMANT'S SIGNATURE OR NAME**: Austin Force Lecoma 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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: D.K.

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.* Carcinoma of unknown Primary Site — 3 1/2 wks

**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): 260 X
**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* 3/9, 1950, *to* 4/2, 1950, *that I last saw the deceased alive on* 4/1, 1950, *and that death occurred at* 1:55 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): P. S. Neuzel M.D.
**23b. ADDRESS**: 462 No Taylor - St Louis
**23c. DATE SIGNED**: 4-3-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4-5-1950
**24c. NAME OF CEMETERY OR CREMATORY**: Valhalla Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis Co. St. Charles Rock Cs Mo.

**DATE REC'D BY LOCAL REG.**: APR 4 1950
**REGISTRAR'S SIGNATURE**: J B Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE**: Bull - Campbell Mortuary
**ADDRESS**: 4215 Lindell Bl.

(Licensed Embalmer's Statement on Reverse Side)

## 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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address 406 Manchester Av

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.