

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12791

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1047 PRIMARY REG. DIST. NO. 4231 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mountain View</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Winona</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ruth</b>	b. (Middle) <b>Sarah</b>	c. (Last) <b>McCasland</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 24-50</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 11-1910</b>	9. AGE (In years last birthday) <b>39</b>	IF UNDER 1 YEAR <b>8</b> Months	IF UNDER 2 HRS. <b>13</b> Days	IF UNDER 1 MIN. _____ Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Erie, Penn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Harry Lloyd</b>	13b. MOTHER'S MAIDEN NAME <b>Marie Hoenof</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Jack Lloyd, Winona, Mo.</b>	ADDRESS _____
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Isolar Pneumonia</b>		
	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. <b>Pulser med. for 15 yrs</b>		<b>490X</b>	

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) _____
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 3/18, 1950 to 3/24, 1950, that I last saw the deceased alive on 3/24, 1950 and that death occurred at 7:30p m., from the causes and on the date stated above.

23a. SIGNATURE <b>James R. Shaffer D.D.</b>	(Degree or title)	23b. ADDRESS <b>2 Mtn View Mo.</b>	23c. DATE SIGNED <b>4/5/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-27-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Winona, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>H/7/50</b>	REGISTRAR'S SIGNATURE <b>Laura Mitchell</b>	126	25. FUNERAL DIRECTOR'S SIGNATURE <b>Duncan Funeral Home Mtn View, Mo</b>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

0460 0

RECEIVED

4-10-50

District Health Officer No. 5

District File Number 4-50230

Date Filed 4-13-50

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Joe B. Duncan

Signed.....

Student Embalmer

Licensed Embalmer No. 4325-

P. O. Address Mt. View, 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.