No. 300
10.48

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

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23373

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lacy Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
d. STREET ADDRESS (If rural, give location): 0411 0

3. NAME OF DECEASED (Type or Print): a. (First) ELIZA b. (Middle) JANE c. (Last) DOCKERY

4. DATE OF DEATH: (Month) MAY (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 26 - 1867

9. AGE (In years last birthday): 82 — If under 1 year: Months 9, Days 28 — 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): Orrick Mo

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Archie J. Camden

13b. MOTHER'S MAIDEN NAME: Polly Allen

14. NAME OF HUSBAND OR WIFE: Calvin C. Dockery

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: Nina L. Callaway — ADDRESS: Bethany 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senility, general debility — 2 years
DUE TO (c) Old age. —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 522X

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* 3-21, 1950, *to* 5-28, 1950, *that I last saw the deceased alive on* 5-23, 1950, *and that death occurred at* 6 12 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leonard R. Lee M.D.

23b. ADDRESS: Bethany Mo.

23c. DATE SIGNED: 5/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 27-50

24c. NAME OF CEMETERY OR CREMATORY: Hurricane Cemetery

24d. LOCATION (City, town, or county) (State): Hale Mo

DATE REC'D BY LOCAL REG.: 5-25-50

REGISTRAR'S SIGNATURE: Zola Burris

25. FUNERAL DIRECTOR'S SIGNATURE: Frank E. Slater — **ADDRESS**: Hale Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 31 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Frank E. Slater

Licensed Embalmer No. 937

P. O. Address Hale 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.