

S. No. 300
EV. 10.48

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27671

133

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Page	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarinda 8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital		d. STREET ADDRESS (If rural, give location) 609 E. Blaine	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Olive c. (Last) Dozier	4. DATE OF DEATH (Month) (Day) (Year) JUNE 25 '50					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH April-5-1891	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 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) Barnes Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME George Kapple	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Ira W. Dozier
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME George Dozier	ADDRESS Clarinda, Iowa
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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, asthma; etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & intracranial hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10 hrs. 20 8/16 26
	ANTECEDENT CAUSES Morbidity 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. chest contusion, fracture right hip, Multiple fractures of right forearm		

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Burlington Nodaway Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 25 1950 9:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto & truck collision
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22. I hereby certify that I attended the deceased from June 25, 1950, to June 25, 1950, that I last saw the deceased alive on June 25, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) J.C. Bauman M.D.	23b. ADDRESS 1310 Main Maryville Mo	23c. DATE SIGNED 6/27/50
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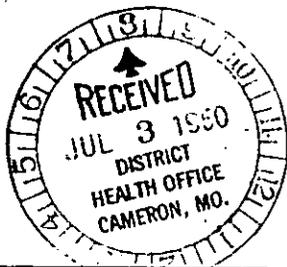
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 26 1950	24c. NAME OF CEMETERY OR CREMATORY Clarinda Cem.	24d. LOCATION (City, town, or county) (State) Clarinda Iowa
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DATE REC'D BY LOCAL REG. 6-30-50	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home	ADDRESS Maryville, Mo.
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45. (Licensed Embalmer's Statement on Reverse Side)

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

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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 Robert L. Senter.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4782.....

P. O. Address Maryville, 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.