

No. 300
10.48

FILED SEP 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32298

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 42

971

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater	
c. LENGTH OF STAY (In this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 633 N. Leroy	
d. FULL NAME OF HOSPITAL OR INSTITUTION 533 N. Leroy			

3. NAME OF DECEASED (Type or Print) a. (First) Margaret		b. (Middle) Willis		c. (Last) Stearns		4. DATE OF DEATH (Month) Sept (Day) 26 (Year) 1950	
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Jan. 16, 1897	
9. AGE (In years last birthday) 53		10. IF UNDER 1 YEAR Months 8 Days 10		11. IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Boonesboro, Mo 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator				10b. KIND OF BUSINESS OR INDUSTRY Garment Factory		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George Lewis Gravelly		13b. MOTHER'S MAIDEN NAME Anna Dale		14. NAME OF HUSBAND OR WIFE Claude Lewis Stearns	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 500-20-1631		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. A. Damitz Slater, Mo		ADDRESS	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) 0 Cancer breast Right & metastatic.		2 yr.	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Ch. myocarditis.		170x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	

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)	
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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?	
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22. I hereby certify that I attended the deceased from Dec. 1942, to Sept. 26, 1950, that I last saw the deceased alive on Aug. 15, 1950 and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE O. A. McPurney M.D.		(Degree or title)		23b. ADDRESS Slater, Mo.		23c. DATE SIGNED 9/27/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/27/50		24c. NAME OF CEMETERY OR CREMATORY Richland Cemetery		24d. LOCATION (City, town, or county) (State) Howard Co. Missouri	
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DATE REC'D BY LOCAL REG. 9/27/50		REGISTRAR'S SIGNATURE Mrs. Earl C. Metz		25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) Ralph A. Cass		ADDRESS Fayette, Mo	
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RECEIVED
DISTRICT HEALTH OFFICE No
District File Number _____
Date Filed _____

SEP 29 1950

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.

Signed _____
Student Embalmer

Signed

Student Embalmer No. _____

Licensed Embalmer No. 3340

P. O. Address Fayette 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.