

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36362

State File No. _____

FILED NOV 22 1950

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 300 Registrar's No. 353

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Country Club Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Country Club Drive</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Earl</u>	b. (Middle) <u>Elsworth</u>	c. (Last) <u>Dare</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 9, 1893</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	11. BIRTHPLACE (State or foreign country) <u>Near Elsimore, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>U. G. Dare</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Sallee</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie M. Dare</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-05-6236</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillie Dare</u>	ADDRESS <u>Gen. Mo.</u>
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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 <u>1.58X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Retropentoneal sarcoma with metastases to skull cervical spine and lungs</u>		
	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.			

19a. DATE OF OPERATION <u>4/4/47</u>	19b. MAJOR FINDINGS OF OPERATION <u>Retropentoneal sarcoma.</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 4/19, 1947, to 11/12, 1950, that I last saw the deceased alive on 11/11, 1950, and that death occurred at 12:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Merrin, M.D.</u>	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>11/13/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 14, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Poplar Bluff Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-13-1950</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard B. Lamm</u>	ADDRESS <u>Cape Girardeau, Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

0164

Dr. Merrin 5012

RECEIVED

NOV 20 1950

DISTRICT HEALTH OFFICE No. C

Reg No.

FEB 25 1957

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 _____

Howard L. Hansen

Signed:
Student Embalmer

Licensed Embalmer No. 4132

P. O. Address Cape Lisuelan, N

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.