

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37512

State File No.

0500 4

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R. # 2, Farmington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Cedar Grove Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>Lee</u> c. (Last) <u>Archer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 20, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 5, 1869</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Benton County, Texas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Wm. W. Mitchell</u>	
14. MOTHER'S MAIDEN NAME <u>Macintosh</u>		15. NAME OF HUSBAND OR WIFE <u>C. R. Archer</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. SOCIAL SECURITY NO. _____	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis with senile dementia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus moderate 2 years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastroenteritis moderate cause undetermined</u>	
20. INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>		21. DATE OF OPERATION <u>Nov. 21, 1950</u>	
22. MAJOR FINDINGS OF OPERATION _____		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. ACCIDENT SUICIDE HOMICIDE (Specify) _____		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
26. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) _____		27. HOW DID INJURY OCCUR? _____	
28. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
30. I hereby certify that I attended the deceased from <u>October 19, 1948</u> , to <u>Nov. 20, 1950</u> , that I last saw the deceased alive on <u>Nov. 18, 1950</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.			
31. SIGNATURE (Degree or title) <u>Thomas A. Donnell, M.D.</u>		32. ADDRESS <u>Desoto, Mo.</u>	
33. DATE SIGNED <u>11-21-50</u>		34. BIRTHPLACE (State or foreign country) _____	
35. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		36. DATE <u>11/22, 1950</u>	
37. NAME OF CEMETERY OR CREMATORY <u>Three River Cemetery near Farmington, Mo.</u>		38. LOCATION (City, town, or county) (State) _____	
39. DATE REC'D BY LOCAL REG. <u>11-21-50</u>		40. REGISTRAR'S SIGNATURE <u>Raymond Caldwell</u>	
41. FURNAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>		42. ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1951

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 12-2-50

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

R. Caldwell

Signed.....
Student Embalmer

Licensed Embalmer No. *2531*

P. O. Address

Flat River, 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.