

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4282

State File No.

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>	
c. LENGTH OF STAY (in this place) <u>5 mo</u>		d. STREET ADDRESS (If rural, give location) <u>U300</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBARA</u> b. (Middle) <u>LUCINDA</u> c. (Last) <u>CONDREN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-1951</u>		
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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>2-28-1874</u>		9. AGE (In years last birthday) <u>76</u>		# UNDER 1 YEAR Months <u>10</u> Days <u>23</u>		# UNDER 6 Wks. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Small</u>				11. BIRTHPLACE (State or foreign country) <u>Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>J.M. Richards</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara</u>			14. NAME OF HUSBAND OR WIFE <u>John</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <u>John Condren</u>			ADDRESS <u>Buffalo Mo</u>		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritis, Valvular heart dis</u>						<u>10-15 yrs</u>	
		DUE TO (c) <u>Quinon Sabe</u>						<u>4-214</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bile Tract infection</u>						<u>10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 16, 1951, Jan 21, 1951, that I last saw the deceased alive on Jan 20, 1951, and that death occurred at _____ m. from the causes and on the date stated above.

23a. SIGNATURE <u>G.B. Phemmer M.D.</u>		(Degree or title)		23b. ADDRESS <u>Buffalo Mo</u>		23c. DATE SIGNED <u>1-26-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-22-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo</u>	
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DATE REC'D BY LOCAL REG. <u>2/10/51</u>		REGISTRAR'S SIGNATURE <u>Mrs J.B. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.B. Jones</u>		ADDRESS <u>Buffalo Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0300

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 13 1951

Dist. File 251-363

Date Filed 2-14-51

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.