

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **023814**

No. 300
10.48

710
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>234</u>		PRIMARY REG. DIST. NO. <u>5816</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland</u>		c. LENGTH OF STAY (If applicable place) <u>68</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles East Smithton Mo</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles east of Smithton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAY BELLE</u> b. (Middle) <u>Homer</u> c. (Last) <u>Homer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14-51</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 20-1894</u>	9. AGE (In full last birthday) <u>90</u>	10. MONTHS <u>10</u>	11. DAYS <u>24</u>	12. IF UNDER 1 YEAR Hours <u>0</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Lewis County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robt Bane</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Goodwin</u>		14. NAME OF HUSBAND OR WIFE <u>Walter B. Homer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lucille Jentgen</u> ADDRESS <u>Smithton 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>Myocardiosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS <u>Arthritis</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Atterville Cooper Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>7-5</u> , 19 <u>51</u> , to <u>7-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-5</u> , 19 <u>51</u> and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>F. W. Woodruff</u> (Degree or title)				23b. ADDRESS <u>Smithton Mo</u>		23c. DATE SIGNED <u>7-15-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton Mo</u>		
DATE REC'D BY LOCAL REG <u>July 27 1951</u>		REGISTRAR'S SIGNATURE <u>Wm L Kippelger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Newmeyer</u> ADDRESS <u>Smithton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-30-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-30-51

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 _____
Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *A. F. Ramseyer*

Licensed Embalmer No. *3912*

P. O. Address *Smithton 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.