

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26101**

No. 300
10-48

FILED SEP 4 1951

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u> <u>0061</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lamar</u>		c. LENGTH OF STAY (in this place) <u>54 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lamar, Missouri</u> <u>0061</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>E. 17th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u>		b. (Middle)		c. (Last) <u>O'Rear</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21, 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 17, 1897</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Lamar, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Milt Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Turner</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Henry O'Rear</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If you, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. June Whitchurch, Lamar, 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>same</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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>LAMAR Barton Mo</u>			
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 <u>Aug 21, 1951</u> , to <u>Aug 21, 1951</u> , that I last saw the deceased alive on <u>Aug 21, 1951</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Guelder M. J.</u>		(Degree or title)		23b. ADDRESS <u>LAMAR, Mo.</u>		23c. DATE SIGNED <u>8-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 25, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>AUG 24 1951</u>		REGISTRAR'S SIGNATURE <u>Marie Komants</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chiles Funeral Home, Lamar, Mo.</u>			

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

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

RECEIVED AUG 27 1951

Dist. File 851-1556

Date Filed 8-28-51

NOV 19 1951

NOV 9 1951

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.....
Student Embalmer

Signed

Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address Seneca MD

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.