S. No. 300
V. 10.48

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FILED DEC 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43846

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington Twp.
c. LENGTH OF STAY (In this place): 12-0-5
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #3.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~[illegible]~~ Carthage 0492
d. STREET ADDRESS (If rural, give location): 1029 W Dougherty /

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): —
c. (Last): Liter.

4. DATE OF DEATH (Month) (Day) (Year): 12-13-51

5. SEX: F /

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: ?

9. AGE (In years last birthday): | 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): House Keeper

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): New London Mo

12. CITIZEN OF WHAT COUNTRY?: Jasper

13a. FATHER'S NAME: Columbus Jamison

13b. MOTHER'S MAIDEN NAME: Martha Lear

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): Unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME: Harry O Rogers = ADDRESS: Carthage Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH: 12 years +

ANTECEDENT CAUSES

Morbid 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

19b. MAJOR FINDINGS OF OPERATION: 4200

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1-, 1946, *to* 12-13, 1951, *that I last saw the deceased alive on* 12-12-, 1951, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Burch (Degree or title) D.M.D.

23b. ADDRESS

23c. DATE SIGNED: 12-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-16-51

24c. NAME OF CEMETERY OR CREMATORY: El Dorado Springs

24d. LOCATION (City, town, or county) (State): El Dorado Springs Mo

DATE REC'D BY LOCAL REG.: 12-13-51

REGISTRAR'S SIGNATURE: Anna E. Ferry

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Floyd E. Carothers

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED DEC 18 1951
Dist. File - 12-51-3145
Date Filed - 12-18-51

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 Floyd E. Carathers

Signed .....
Student Embalmer

Licensed Embalmer No. 4419

P. O. Address Edwards Springs

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.