

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27572

State File No. _____

S. No. 300
v. 10.48

SEP 2 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>			
b. CITY OR TOWN <u>rural ceder twp</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>rural ceder twp</u>		d. STREET ADDRESS (If rural, give location) <u>12 mi. n.w. lockwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 mi. n.w. lockwood</u>				d. STREET ADDRESS (If rural, give location) <u>12 mi. n.w. lockwood</u>			
3. NAME OF DECEASED a. (First) <u>Jay</u>			b. (Middle) <u>Burton</u>		c. (Last) <u>Hare</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>aug. 19 1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>oct 22 1872</u>		9. AGE (in years last birthday) <u>79</u>	if UNDER 1 YEAR Days <u>9</u> Hours <u>27</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James B Hare</u>			13b. MOTHER'S MAIDEN NAME <u>clapsaddle</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Dee Hare</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Laura Dee Hare Lockwood Mo rt.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignancy in region of chest</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH
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) _____		21. HOW DID INJURY OCCUR? _____	
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>6-2-1952</u> , to <u>8-12-1952</u> , that I last saw the deceased alive on <u>8-12-1952</u> , and that death occurred at <u>1:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. Combs M.D.</u> (Degree or title)				23b. ADDRESS <u>Lockwood Mo</u>		23c. DATE SIGNED <u>8-20-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem</u>		24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-23-52</u>		REGISTRAR'S SIGNATURE <u>Des. L. Wen by J. P. Combs</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W.R. Allison Greenfield Mo</u>		_____	

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

(Licensed Embalmer's Statement on Reverse Side)

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 W. R. Allison

Licensed Embalmer No. 4484

P. O. Address Sheepfield

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.