

FILED JUL 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1953

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY Macon
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Macon

b. CITY (If outside corporate limits, write RURAL and give township) Macon c. LENGTH OF STAY (in this place)
c. CITY (If outside corporate limits, write RURAL and give township) Macon 0611
OR TOWN Macon 0

d. FULL NAME OF HOSPITAL OR INSTITUTION 838 South Missouri d. STREET ADDRESS (If rural, give location) 838 S. Missouri

3. NAME OF DECEASED a. (First) Mary Lodemia c. (Last) Mears 4. DATE OF DEATH (Month) (Day) (Year) June 15, 1953

5. SEX F. 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Jan. 23, 1864 9. AGE (In years last birthday) 89 10. MONTH 4 11. DAY 22 12. IF UNDER 18 Hrs. 0 13. IF UNDER 24 Hrs. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Scipio, Ind. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Nathan Draper 13b. MOTHER'S MAIDEN NAME Margaret Howe 14. NAME OF HUSBAND OR WIFE David P. Mears

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 ADDRESS Mrs. Elnora Flowers Macon 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, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Urosepsis INTERVAL BETWEEN ONSET AND DEATH 3 wks
ANTECEDENT CAUSES Purulent urinary cystitis with
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ascending urinary infection 6 mos.
DUE TO (c) Prolonged bed recumbency 5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Chronic disabling osteoarthritis 7 yrs.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 605X 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) 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 9/1952, to 6/11, 1953, that I last saw the deceased alive on 6/11, 1953, and that death occurred at 10:50 AM from the causes and on the date stated above.

23a. SIGNATURE (Deceased's title) M. L. Durden, D.O. 23b. ADDRESS Macon, Mo. 23c. DATE SIGNED 6/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE June 18, 1953 24c. NAME OF CEMETERY OR CREMATORY Ewing 24d. LOCATION (City, town, or county) (State) Macon county Mo.

DATE REC'D BY LOCAL REG. 7/6/53 REGISTRAR'S SIGNATURE Ruth McNeely 185 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Lester Gram Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7.13.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.13.125
Date Filed 7.14.53

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 Howard Emperus

Licensed Embalmer No. 4494

P. O. Address Macon 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.