No. 300
10.48

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

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28166

FILED SEP 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5356 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: DALLAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LONG LANE RR
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Long Lane RR.
d. STREET ADDRESS (If rural, give location): 0300

3. NAME OF DECEASED (Type or Print)
a. (First): LUCY
b. (Middle): ANN
c. (Last): HARRIS

4. DATE OF DEATH (Month) (Day) (Year): 8-22 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-6-1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 2, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Usual Lee
13b. MOTHER'S MAIDEN NAME: Susan Creek
14. NAME OF HUSBAND OR WIFE: —

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: Venus Harris
ADDRESS: Long Lane 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): Coronary disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio sclerosis
DUE TO (c): Chronic Renal disease & age — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Inanition — 1 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: No
20. AUTOPSY? YES ☐ NO ☐

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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* Jan *19*50*, to* 8-22- *, 19*53*, that I last saw the deceased alive on* 8-21- *, 19*53*, and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. Blemmer MD
23b. ADDRESS: Buffalo Mo
23c. DATE SIGNED: 8-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-24-1953
24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24d. LOCATION (City, town, or county) (State): Buffalo Mo

DATE REC'D BY LOCAL REG.: 9-4-53
REGISTRAR'S SIGNATURE: Grace Petrus
25. FUNERAL DIRECTOR'S SIGNATURE: L B Jones
ADDRESS: Buffalo Mo

(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 Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.