No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1848

BIRTH NO. FILED FEB 5 1954 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Lebanon Mo Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lebanon
c. LENGTH OF STAY (in this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Stoutland 0150
d. STREET ADDRESS (If rural, give location) No St. address

3. NAME OF DECEASED (Type or Print)
a. (First) Dora
b. (Middle) Belle
c. (Last) Devore

4. DATE OF DEATH (Month) Jan (Day) 18 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Nov 20 1875
9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months 2 Days 28 | IF UNDER 24 HRS. Hours Min.

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) Abo Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jesse Bollenger
13b. MOTHER'S MAIDEN NAME L.C. McDaniel
14. NAME OF HUSBAND OR WIFE J. M. Devore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME J. M. Devore Stoutland ADDRESS 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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture Left Hip — 1/5/54
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease Senility

19a. DATE OF OPERATION 1/5/54
19b. MAJOR FINDINGS OF OPERATION Fracture Left Hip — "Pinned"
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 015 (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* 7/9, 1953, *to* 1/18, 1954, *that I last saw the deceased alive on* 1/18, 1954, *and that death occurred at* 10:P. m., *from the causes and on the date stated above.*

23a. SIGNATURE George E. Fisher (Degree or title) M.D.O.
23b. ADDRESS Lebanon, Mo
23c. DATE SIGNED 1/22/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/21/54
24c. NAME OF CEMETERY OR CREMATORY Sunlin Cemetary
24d. LOCATION (City, town, or county) Laclede Co (State) Mo

DATE REC'D BY LOCAL REG. 1-23-1954
REGISTRAR'S SIGNATURE Della L. Day 424-8
25. FUNERAL DIRECTOR'S SIGNATURE Virgil Evans ADDRESS Stoutland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Received JAN 30 1954

Laclede County Health Unit

File No. 1-54-7

Date Filed FEB 4 1954

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.