

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2214

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5885 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Barren Fork Township</u>		c. LENGTH OF STAY (in this place) <u>55 years</u>	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Barren Fork Township</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rhoda</u>	b. (Middle) <u>Elza</u>	c. (Last) <u>Pare</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 7 1954</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-1-1866</u>
9. AGE (in years last birthday) <u>87</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Polk County Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Pryor Low</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Keith</u>	14. NAME OF HUSBAND OR WIFE <u>Nathaniel J. Pare Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maryin Pare Romance, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Lobar</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
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) <u>490X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>2-4</u> , 19 <u>54</u> , to <u>2-7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-5</u> , 19 <u>54</u> , and that death occurred at <u>5:05 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>MG Hoerman DO</u>		23b. ADDRESS <u>Lainesville, Mo</u>	23c. DATE SIGNED <u>2/9/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Franklin Proc</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark County Mo.</u>
DATE REC'D BY LOCAL REG. <u>2/13/54</u>	REGISTRAR'S SIGNATURE <u>Thana Mahan</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clintzighead Funeral Home Lainesville Mo.</u>	

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.....
Signature of Student Embalmer

Signed *John R. Chry*.....

Licensed Embalmer No. *489*.....

P. O. Address *Gumville*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**