No. 300
10.48

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FILED MAR 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 44411

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 4505 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: STODDARD.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BELL CITY.
c. LENGTH OF STAY (In this place): 30 DAYS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SHETLEY NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: STODDARD.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BELL CITY.
d. STREET ADDRESS (If rural, give location): 1030 0

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES.
b. (Middle): M.
c. (Last): LAUNIS.

4. DATE OF DEATH (Month) (Day) (Year): 12-23-54

5. SEX: MALE 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 0
8. DATE OF BIRTH: 10-23-1866
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 2, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): BLOOMFIELD, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ELISH H. LAUNIS.
13b. MOTHER'S MAIDEN NAME: UNKNOWN.
14. NAME OF HUSBAND OR WIFE: ANNA MAYS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO.
16. SOCIAL SECURITY NO.: NONE.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Lena Elmore. Bloomfield. 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) Pulmonary edema - Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 8 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic glomerulo nephritis — 3 yrs.
DUE TO (c) Arteriosclerosis — yrs

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 446 X
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) 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* June, 1948, *to* December, 1954, *that I last saw the deceased alive on* Dec 21st, 1954, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. S. Davis M.D. 0
23b. ADDRESS: Highway 25 St., Dexter Mo.
23c. DATE SIGNED: 12/28/[redacted]

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-25-54
24c. NAME OF CEMETERY OR CREMATORY: WALKER CEMETERY
24d. LOCATION (City, town, or county) (State): BLOOMFIELD. MO.

DATE REC'D BY LOCAL REG.: Feb. 28, 1955
REGISTRAR'S SIGNATURE: Bernice Moore 360
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Coy Shetley. Bell City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles E. Mungle

Licensed Embalmer No. 4867

P. O. Address Cape Girardeau, 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.