No. 300
10-48

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29439

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 99

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

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Graves Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Gentry
c. CITY OR TOWN: Ford City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): Stanberry, Mo

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3. NAME OF DECEASED (Type or Print)
a. (First): Mrs. Eva Lee
b. (Middle): McAuliffe
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Sept 22 1955

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Nov 8 1868
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — 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: at home
11. BIRTHPLACE (City and State or Foreign Country): Knoxville, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: James W. Justin
13b. MOTHER'S MAIDEN NAME: Laurane Ogburn
14. NAME OF HUSBAND OR WIFE: Garrett McAuliffe Deceased

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: Family Record — ADDRESS:

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): Encephalomalacia — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerosis — years
DUE TO (c): unknown 332X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: arteriosclerotic cardio vascular disease — years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 12-8, 1952, *to* 9-22, 1955, *that I last saw the deceased alive on* 9-21, 1955, *and that death occurred at* 8.20am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert L. Barlin M.D.
23b. ADDRESS: Stanberry, Mo
23c. DATE SIGNED: 9-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/24/55
24c. NAME OF CEMETERY OR CREMATORY: St. Patrick
24d. LOCATION (City, town, or county) (State): Ford City, Mo.

DATE REC'D BY LOCAL REG.: Sept-24-55
REGISTRAR'S SIGNATURE: Maude Williams 462-D
25. FUNERAL DIRECTOR'S SIGNATURE: Laton F. Phillips — ADDRESS: Stanberry Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ .....; ~~Student Embalmer~~ No.....

~~working under my personal supervision.~~

~~Student~~ .....
~~Signature of Student Embalmer~~

Signed Latory F. Phillips

Licensed Embalmer No. 18

P. O. Address Stonbe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.