

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021835

State File No.

FILED JUN 24 1957

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4319 Registrar's No. 17

| | | | |
|---|--|---|------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Maries</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Maries</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Belle</u> | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Belle</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT home</u> | | STREET ADDRESS (If rural, give location) <u>0630</u> | |

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|--|-----------------------------|-----------|------------------|----------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>DORA</u> | b. (Middle) <u>Harrison</u> | c. (Last) | Day <u>June</u> | (Day) <u>2</u> | (Year) <u>1957</u> |

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|----------------------|-------------------------------|--|--------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>Sept-25-1871</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|----------------------|-------------------------------|--|--------------------------------------|---|------------------------|-----------------------|-------|------|

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|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Thomas Bray</u> | 13b. MOTHER'S MAIDEN NAME <u>Emma Wheeler</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> |
|---------------------------------------|---|---|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jesse Wallace</u> | ADDRESS <u>Belle-Mo</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>46 hrs</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> | | | |

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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| ANTECEDENT CAUSES | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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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) |
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| | | |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 5/31/57, to 6/2/57, that I last saw the deceased alive on 6/1/57, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

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|---|-------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>R.H. Schoenhals, D.O.</u> | 23b. ADDRESS <u>Belle, Mo</u> | 23c. DATE SIGNED <u>6/5/57</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. NAME OF CEMETERY OR CREMATORY <u>Boyles Chapel Cemetery</u> | 24c. LOCATION (City, town, or county) (State) <u>Maries County - Mo</u> |
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|---|---|---|-------------------------|
| DATE REC'D BY LOCAL REG. <u>6-17-57</u> | REGISTRAR'S SIGNATURE <u>Pauline Howard</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Deane</u> | ADDRESS <u>Blair-Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 *Chester Lesoma*

Licensed Embalmer No. *411*

P. O. Address *Bland*

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.