

FILED JUL 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23392

33

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5506 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clinton Mo.</u> c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Clinton township</u> <u>0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RRS Clinton Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 5 Clinton Mo.</u>	
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>BANE</u> c. (Last) <u>BLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 2, 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (If under 1 year: Months) (If under 12 mos.: Days) (Hours) (Min.) <u>72</u>
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George W Hardy</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Arnold</u>	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME <u>Tom Cranner</u> ADDRESS <u>RRS Clinton 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>Pelvic Malignancy Unclassified</u> INTERVAL BETWEEN ONSET AND DEATH <u>1991</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>Now</u>	19b. MAJOR FINDINGS OF OPERATION <u>Radiation treatments 3 yrs ago</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>Jan 1948</u> to <u>7/21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7/19</u> , 19 <u>50</u> , and that death occurred at <u>8 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. C. Peeler M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton Mo.</u>	23c. DATE SIGNED <u>7/22/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 24, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u>
DATE REC'D BY LOCAL REG. <u>July 22-1950</u>	REGISTRAR'S SIGNATURE <u>Lourence A. Davis</u> ADDRESS <u>Clinton Mo.</u>		

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

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RECEIVED 7-28
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-25-60

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 Robert J. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.