

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1004
 Registrar's No. 97

BIRTH NO.		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>52650</u>	Registrar's No. <u>97</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural N Campbell TWP</u>		c. LENGTH OF STAY (In this place) <u>20 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural N Campbell Township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>2945 North Campbell</u>			d. STREET ADDRESS (If rural, give location) <u>2945 North Campbell Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>		b. (Middle) <u>Latimer</u>	c. (Last) <u>Bearden</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 1 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 29, 1900</u>	9. AGE (In years last birthday) <u>48</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>J. W Latimer</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Marshall</u>		14. NAME OF HUSBAND OR WIFE <u>Troy Bearden</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Troy Bearden, Springfield, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant pseudo - mucinous Cyst adenoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. -DUE TO (b) <u>RT ovary 11/5</u> -DUE TO (c) <u>RT ovary 11/5</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>5 MO</u>
19a. DATE OF OPERATION <u>Sept 18, 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>pseudo mucinous Cyst adenocarcinoma RT. ovary</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) (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>Sept 15, 1948</u> , to <u>Feb 1, 1949</u> , that I last saw the deceased alive on <u>Jan 8, 1948</u> , and that death occurred at <u>10:15 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Joseph N. Hill M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>2-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 4, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Highway 123 Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Lohmeyer Funeral Home, Springfield, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-4-49</u>		REGISTRAR'S SIGNATURE <u>W. J. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Lohmeyer Funeral Home, Springfield, Mo.</u>	

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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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.