

STANDARD CERTIFICATE OF DEATH

State File No. **11938**

FILED APR 20 1949

3000
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5347** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Dallas 30	
b. CITY (If outside corporate limits, write RURAL and give township) Buffalo "Rural"		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Buffalo "Rural" 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION. /		d. STREET ADDRESS (If rural, give location) 0			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Sarah	b. (Middle) Isabelle	c. (Last) Dull	(Month) Mar.	(Day) 30	(Year) 1949

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Mar. 4, 1874	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 6	Hours 0	Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Vernon County Missouri	12. CITIZEN OF WHAT COUNTRY? 0
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13a. FATHER'S NAME Robert Glover	13b. MOTHER'S MAIDEN NAME Nancy Hall	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Sam Dull	ADDRESS Buffalo, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Carcinoma of the lung		unknown
	DUE TO (c) Carcinoma(primary) of the breast		unknown
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	Hypertensive heart disease		unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1707	20. AUTOPSY? 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan. 1, 1949**, to **March 29, 1949**, that I last saw the deceased alive on **March 29, 1949**, and that death occurred at **2:20 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] 2 D.O.	23b. ADDRESS Buffalo, Missouri	23c. DATE SIGNED 4-5-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-31-49	24c. NAME OF CEMETERY OR CREMATORY Union Home	24d. LOCATION (City, town, or county) (State) Dallas County, Missouri
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DATE REC'D BY LOCAL REG. 4-16-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE L. B. Jones	ADDRESS Buffalo, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 3-49-415

Date Filed 4-19-49

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

Levin B. Jones

Licensed Embalmer No. 2598

P. O. Address Buffalo, N.Y.

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.