

FILED AUG 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. **22503**

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>25</u> | | PRIMARY REG. DIST. NO. <u>4036</u> | | Registrar's No. <u>18</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Bates</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rich Hill</u> | | c. LENGTH OF STAY (In this place) <u>1 month</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Lone Oak Twp.</u> | | d. STREET ADDRESS (If rural, give location) <u>Double Branch</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>W. Olive St.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Double Branch</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Clara</u> | | b. (Middle) <u>O.</u> | | c. (Last) <u>Requa</u> | |
| 4. DATE OF DEATH | | (Month) <u>July</u> | | (Day) <u>23</u> | | (Year) <u>1949</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Never married</u> | | 8. DATE OF BIRTH <u>May 31, 1863</u> | |
| 9. AGE (In years last birthday) | | <u>86</u> | | 10. MONTHS | | 11. HOURS | |
| 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 <u>none</u> | | 11. BIRTHPLACE (State or foreign country) <u>Bates Co., Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Austin Requa</u> | | 13b. MOTHER'S MAIDEN NAME <u>Hannah Ann Butler</u> | | 14. NAME OF HUSBAND OR WIFE <u>-----</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>-----</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Adelbert Requa</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u> coronary occlusion</u> <u>ant flow</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. <u>1201</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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>July 17, 1949</u> , to <u>July 23, 1949</u> , that I last saw the deceased alive on <u>July 25, 1949</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Edmund J. Allen, M.D.</u> | | | | 23b. ADDRESS <u>Butler, Mo.</u> | | 23c. DATE SIGNED <u>July 25, 49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Butler</u> | | 24b. DATE <u>July 26 '49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Double Branch</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bates Co., Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>7-25-49</u> | | REGISTRAR'S SIGNATURE <u>Mr. Edward Douglas</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Calver Underwood</u> | | ADDRESS <u>Butler, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7;

District File Number 7-4-1-927

Date Filed 8-2-27

MAR 22 1954

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 John G Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.