

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5594

State File No.

BIRTH NO. _____		REG. DIST. No. <u>201</u>		PRIMARY REG. DIST. No. <u>4383</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Graham</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Graham</u>		OR TOWN <u>57.40</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Onens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-5-1950</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>7-19-1869</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>16</u>		IF UNDER 24 HRS. Hours <u>0</u> Min.			
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>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Butler, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>Am.</u>	
13a. FATHER'S NAME <u>James Densley</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ellen Lane</u>		14. NAME OF HUSBAND OR WIFE <u>John Onens</u>			
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 ADDRESS <u>Mrs Chester Gordon Graham</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephrosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of right femur</u>				- <u>3 mos.</u>	
		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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Graham Nodaway Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 26 1949 4 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in bedroom</u>			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>44</u> , to <u>March 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>March 5</u> , 19 <u>50</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M.C. Klev D.O.</u>				23b. ADDRESS <u>Maitland, Mo.</u>		23c. DATE SIGNED <u>3/7/50</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graham Cem. Graham</u>		24d. LOCATION (City, town, or county) (State) <u>Graham Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-11-50</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>L.M. Atchison, Maryville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

215



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

G M Alchusa

Licensed Embalmer No. _____

2279

P. O. Address _____

Maryville, 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.