

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

10823

0660
1-660

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

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 2-50

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbea</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbea</u> <u>0660</u>	
d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CYNTHIA</u> b. (Middle) <u>ANN</u> c. (Last) <u>BEAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 24 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb. 5, 1852</u>
9a. 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 last birthday) (Months) (Days) (Hours) (Min.) <u>98</u>
11. BIRTHPLACE (State or foreign country) <u>Miller Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Lovell</u>	13b. MOTHER'S MAIDEN NAME <u>Hester Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Andrew Bear</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. W. Bear Tuscumbea</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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocarditis & Bihidde</u> DUE TO (c)			<u>6 month</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			<u>4222</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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>Nov</u> , 19 <u>49</u> , to <u>4-24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-23</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. E. Humphrey, D.O.</u> (Degree or title)		23b. ADDRESS <u>Tuscumbea Mo.</u>	23c. DATE SIGNED <u>4-25-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 26, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bear Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Tuscumbea, Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 25-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright 391</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis D. Phillips, Tuscumbea</u>

District File Number _____
District Health Officer No. 9,
RECEIVED MAY 3 1950

DEC 16 1953

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

Louis P. Sullivan

Licensed Embalmer No. *3663*

P. O. Address *Carroll*

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.