

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37731

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5775		Registrar's No. 134		
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon				
b. CITY OR TOWN Rural Hudson		c. LENGTH OF STAY (in this place) 7 month		c. CITY OR TOWN New Cambria		0610 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake View Rest Home				d. STREET ADDRESS (If rural, give location) XXXXXXX				
3. NAME OF DECEASED a. (First) May			b. (Middle) Davidson		c. (Last) Southwick		4. DATE OF DEATH (Month) (Day) (Year) Dec 3 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH May 18, 1846	9. AGE (In years last birthday) 104	IF UNDER 1 YEAR 6 Days	IF UNDER 24 HRS. 15 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Old Bloomington, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Davidson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE H.R. Southwick				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. XXXX		17. INFORMANT'S SIGNATURE OR NAME C.O. West ADDRESS New Cambria, Mo.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia Left Lung			INTERVAL BETWEEN ONSET AND DEATH 8 days	
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.						190X		
19a. DATE OF OPERATION none		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) _____		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 Nov-26, 1950 , to Dec 3, 1950 , that I last saw the deceased alive on Dec-3, 1950 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE C.O. West (M.D.) (Degree or title)				23b. ADDRESS New Cambria Mo Dec 4-50		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 5, 1950		24c. NAME OF CEMETERY OR CREMATORY New Cambria Cemetery		24d. LOCATION (City, town, or county) (State) New Cambria, Mo.		
DATE REC'D BY LOCAL REG. 12/7/50		REGISTRAR'S SIGNATURE Duth McNeely		25. FUNERAL DIRECTOR'S SIGNATURE H.P. Hillbrand		ADDRESS New Cambria, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 12 1951

RECEIVED 12.11.50
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.50.220
Date Filed 12.12.50

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 *H. J. Gilleland*

Licensed Embalmer No. 4019

P. O. Address *W. Pembria 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.