S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43400

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 132

1080
2

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

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington Twp.
c. LENGTH OF STAY (in this place) 1-3-23
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Springfield Mo. 4390 1
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First) Lou Margaret b. (Middle) — c. (Last) McAliley.

4. DATE OF DEATH (Month) (Day) (Year) 12-17-50

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 6-12-1869
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School teacher
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? Green

13a. FATHER'S NAME David Gibson
13b. MOTHER'S MAIDEN NAME Nancy Bodenhamer
14. NAME OF HUSBAND OR ~~WIFE~~ Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. H. Gibson Springfield Mo R2

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) Arterio Sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 12 yr

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. 4300

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 8-24-, 1949, *to* 12-17-, 1950 *that I last saw the deceased alive on* 12-17-, 1950, *and that death occurred at* 1500 *m., from the causes and on the date stated above.*

23a. SIGNATURE J. H. Bunch M.D. (Degree or title)
23b. ADDRESS State Hospital #3
23c. DATE SIGNED 12-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 11
24b. DATE 12-17-50
24c. NAME OF CEMETERY OR CREMATORY Danforth Cemetery
24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. Dec. 17, 1950
REGISTRAR'S SIGNATURE Kathryn H. Yancey 331
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Lohmeyer, Springfield, Mo. Bw

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED DEC 22 1950
Dist. File 1230-2550
Date Filed 12-22-50

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.