

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32415**

No. 300
10.48

FILED OCT 17 1951

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| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | PRIMARY REG. DIST. NO. <u>3000</u> | Registrar's No. <u>280</u> |
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). | | |
| a. COUNTY <u>Adair</u> | | a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksoille</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u> <u>8860</u> | | |
| c. LENGTH OF STAY (in this place) <u>1 1/2 hours</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Nursing Home #1</u> | | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| a. (First) <u>Furnish</u> b. (Middle) <u>Mrs. Ida C.</u> c. (Last) _____ | | | <u>10 13 51</u> | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> |
| 8. DATE OF BIRTH <u>MARCH 15, 1865</u> | | 9. AGE (In years last birthday) <u>86</u> | | IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 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>OWN HOME</u> | | 11. BIRTHPLACE (State or foreign country) <u>PUTNAM COUNTY Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | |
| 13a. FATHER'S NAME <u>REASON MEANS</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY YOUNG</u> | | 14. NAME OF HUSBAND OR WIFE <u>William H. FURNISH</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 <u>MRS. SAM DYE</u> ADDRESS <u>Unionville Mo</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. | | MEDICAL CERTIFICATION | | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Overwhelming Septicemia.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hr.</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | | DUE TO (b) <u>Cerebral abscess.</u> | | <u>4 days.</u> |
| | | DUE TO (c) <u>Decreased systemic Resistance</u> | | <u>6 months.</u> |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tuberculosis.</u> | | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None.</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>None.</u> |
| 22. I hereby certify that I attended the deceased from <u>11-1-50</u> , 19 <u>50</u> , to <u>10-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-13</u> , 19 <u>51</u> , and that death occurred at <u>10:30 Am.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>M. T. Luteneber D.O.</u> (Degree or title) | | 23b. ADDRESS <u>Kirkville Mo</u> | | 23c. DATE SIGNED <u>10-13-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>10/16/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>UNIONVILLE CEMETERY</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>UNIONVILLE MO.</u> | | |
| DATE REC'D BY LOCAL REG. <u>10-13-51</u> | | REGISTRAR'S SIGNATURE <u>Hate Lambert</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>CONSTACK FUNERAL HOME</u> ADDRESS <u>BY JOHN H. CONSTACK UNIONVILLE MO.</u> |

(Licensed Embalmer's Statement on Reverse Side)

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

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NOV 28 1951

Date Received: OCT 16 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1850
Date Filed: OCT 16 1951

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 N. Constock*
Licensed Embalmer No. *3891*
P. O. Address *Unionville, 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.