

S. No. 300  
v. 10.48

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

9050

State File No. ....

FILED APR 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5775 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Buchannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Hudson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs 4 mos</u>		d. STREET ADDRESS (If rural, give location) <u>1305 Francis</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeview Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>Helen</u> c. (Last) <u>Furbeck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 19, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 11, 1874</u>		9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>1</u> DAYS <u>1</u> HOURS <u>1</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>—</u>		11. BIRTHPLACE (State or foreign country) <u>Macon, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Patten</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline F. Collins</u>	
14. NAME OF HUSBAND OR WIFE <u>Howard Furbeck</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Furbeck</u>		ADDRESS <u>Dearborn 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural infarction of old age</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3yr</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.					
19a. DATE OF OPERATION		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) <u>794X</u>	
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 May 1949, to Mar 14, 1952, that I last saw the deceased alive on May 13, 1952, and that death occurred at 4:12 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard Miller MD</u>		23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>3/18/52</u>	
--	--	---------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>3/13/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomers &amp; Sons</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		DATE REC'D BY LOCAL REG. <u>3/26/52</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Kummer</u>		ADDRESS <u>Macon</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0610  
4

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 4-4-52  
Date Filed 4-5-52

**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 Thos. L. Bott .....

Licensed Embalmer No. 4552 .....

P. O. Address Macon, 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.