

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42880

State File No. _____ Registrar's No. 43-1-

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5193

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| 1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Linn</u> | c. LENGTH OF STAY (In this place) <u>25 Yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Linn</u> <u>0680</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt # 2. Jamestown, Mo</u> | | d. STREET ADDRESS (If rural, give location) <u>Rt # 2. Jamestown, Mo</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Bell</u> c. (Last) <u>Dearing</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 31 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>Feb 1 1869</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>30</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Moniteau Co</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Geo Cofer</u> | 13b. MOTHER'S MAIDEN NAME <u>Susan Martin</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Lois Dearing Jamestown, Mo</u> ADDRESS _____ |

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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chloroedema</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) <u>Jamestown Moniteau Mo.</u> |

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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from <u>Dec 21, 1952</u> to <u>Dec 31, 1952</u> , that I last saw the deceased alive on <u>Dec 21, 1952</u> and that death occurred at <u>9:30 A</u> m., from the causes and on the date stated above. | | |

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| 23a. SIGNATURE <u>D. H. Davison D.O.</u> (Degree & title) | 23b. ADDRESS <u>California</u> | 23c. DATE SIGNED <u>1/2/53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/2/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Jamestown, Mo</u> | | |

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| DATE REC'D BY LOCAL REG. <u>Jan 3 - 1953</u> | REGISTRAR'S SIGNATURE <u>Edna M. Suber</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bonnin - California</u> ADDRESS _____ |
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(Licensed Embalmer's Statement on Reverse Side)

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

680
1

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Earl Bonbrin

Licensed Embalmer No. 2126

P. O. Address California

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.