

STANDARD CERTIFICATE OF DEATH

9340

State File No.

FILED APR 9 1954 REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5712 Registrar's No. 6

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| 1. PLACE OF DEATH a. COUNTY McDonald County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Richwood | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Purdy, Mo. | |
| c. LENGTH OF STAY (of this place) 3 days | | d. STREET ADDRESS (If rural, give location) 4 miles S. & Rocky Point | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Caldonia | b. (Middle) Jane | c. (Last) Bamford | 4. DATE OF DEATH (Month) (Day) (Year) April 1 1954 |
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| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 3 1878 | 9. AGE (In years last birthday) 76 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Carroll Co. Arkansas | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME James Riddle | 13b. MOTHER'S MAIDEN NAME Mary Budget | 14. NAME OF HUSBAND OR WIFE S.W. Josephus Rogers |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS C.L. Rogers, Webb City, Mo. |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 days 2 wks. Indefinite |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperstatic Pneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Cerebral Hemorrhage DUE TO (c) Hypertension | | |
| 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 331X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) Evening | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
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22. I hereby certify that I attended the deceased from **March 31, 1954** to **Apr. 1, 1954** that I last saw the deceased **Alive on Apr. 1, 1954**, and that death occurred at **2:44 p. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) James R. Holmes D.O. & Wheaton, Mo. | 23b. ADDRESS | 23c. DATE SIGNED 4/2/54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 4-4-54 | 24c. NAME OF CEMETERY OR CREMATORY ARNHART CEM. | 24d. LOCATION (City, town, or county) (State) BARRY COUNTY MISSOURI |
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| DATE REC'D BY LOCAL REG. April 7, 1954 | REGISTRAR'S SIGNATURE O. E. Plumlee 178 | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS HEDGE LEWIS FUNERAL HOME WEBB CITY, MISSOURI |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 P. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.