No. 300
10.48

FILED JAN 25 1955

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

State File No. 3664

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 8

1082
4

**1. PLACE OF DEATH**
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wyatt Nursing Home #402 N. Cedar St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada 1080
d. STREET ADDRESS (If rural, give location): R1 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Leona
b. (Middle):
c. (Last): Dulier

**4. DATE OF DEATH** (Month) (Day) (Year): Jan 15 1955

**5. SEX**: Fe
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow
**8. DATE OF BIRTH**: 2 Aug, 9 1894
**9. AGE** (In years last birthday): 60 — IF UNDER 1 YEAR: Months 5, Days 6 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housekeeper
**10b. KIND OF BUSINESS OR INDUSTRY**: Home
**11. BIRTHPLACE** (State or foreign country): Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Tony Dubray
**13b. MOTHER'S MAIDEN NAME**: Lena Martin
**14. NAME OF HUSBAND OR WIFE**:

**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Louie Dulier — ADDRESS: Nevada, Mo.

**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): General Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 12/15/51

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma of pancreas — ?
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**: 157X
**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* 12-15, 1951, *to* Jan 15, 1955, *that I last saw the deceased alive on* 12-19, 1955, *and that death occurred at* 7:20 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): F L Martin M.D.
**23b. ADDRESS**: 101 ½ E. Cherry Nevada Mo.
**23c. DATE SIGNED**: 1-17-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 1-18-55
**24c. NAME OF CEMETERY OR CREMATORY**: Mount Olive
**24d. LOCATION** (City, town, or county) (State): Pittsburg Kansas

**DATE REC'D BY LOCAL REG.**: 1-20-55
**REGISTRAR'S SIGNATURE**: Anna E. Ferry
**25. FUNERAL DIRECTOR'S SIGNATURE**: J. M. Berkey — ADDRESS: Mulberry, Kans.

(Licensed Embalmer's Statement on Reverse Side)

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

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## 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 J. M. Berkey

Licensed Embalmer No. 2336

P. O. Address Mulberry, Kans.

**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.