

FILED JUL 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19384

State File No.

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 Registrar's No. 48

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| 1. PLACE OF DEATH a. COUNTY <u>McDonald</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u> | | c. LENGTH OF STAY (In this place) <u>6 yrs</u> | c. CITY OR TOWN <u>Anderson</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0600</u> | |
| | | e. STREET ADDRESS (If rural, give location) | |

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| 3. NAME OF DECEASED (Type or Print) <u>LONA</u> | a. (First) | b. (Middle) <u>ELIZABETH</u> | c. (Last) <u>SEMONES</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>6 21 1955</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>3-19-1889</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> Hours <u>1</u> Min. <u>1</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nurse</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>nursing</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Norton Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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| 13a. FATHER'S NAME <u>Washington Hatcher</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>John S. Semones</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John S. Semones</u> | ADDRESS <u>Anderson, Mo.</u> |
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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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CVA</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic cholecystitis</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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., in 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. | 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 Aug, 1954, to June, 1955, that I last saw the deceased alive on June 21, 1955, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. J. Royce</u> | (Degree or title) <u>O. M. D.</u> | 23b. ADDRESS <u>Noel Missouri</u> | 23c. DATE SIGNED <u>6-30-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL, (Specify) <u>burial</u> | 24b. DATE <u>6-23-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Anderson, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7-3-55</u> | REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u> | 423-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Humphrey + Cleatham</u> | ADDRESS <u>Anderson Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side) R.E. Cleatham

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 me....., Student Embalmer No. ✓.....
working under my personal supervision..

Student ✓.....
Signature of Student Embalmer

Signed R. E. Cheatham.....

Licensed Embalmer No. 381.....

P. O. Address Anderson.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.