

FILED APR 3 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 8030

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5112</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>BOLLINGER</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-LOYRANCE</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MAYBLE HILL RRI</u>				
				d. STREET ADDRESS (If rural, give location) <u>RD 90</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Dasha</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>FILER</u>		
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>27</u>		(Year) <u>1956</u>		
5. SEX <u>F M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 26-1890</u>		
9. AGE (in years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
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		11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER COUNTY</u>		
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JACOB LINCOLN</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH BARNETT</u>			14. NAME OF HUSBAND OR WIFE <u>HENRY FILER</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Filer - Marble Hill Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH
				ANTECEDENT CAUSES				
				<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Atherosclerosis</u></p> <p>DUE TO (c) <u>Arteriosclerosis</u></p>				
II. OTHER SIGNIFICANT CONDITIONS				<p>Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left arm 2 months previous</u></p>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201 F</u>				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)				
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 <u>2/1</u> , 19 <u>52</u> to <u>3/22</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/22</u> , 19 <u>56</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Deputy or Title) <u>John J. Myers MD</u>				23b. ADDRESS <u>Lutesville Mo</u>		23c. DATE SIGNED <u>3/24/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-24-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BOLLINGER CO. MEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LUTESVILLE, MO</u>		
DATE REC'D BY LOCAL REG. <u>3/27/56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Wood</u>		ADDRESS <u>Lutesville Mo</u>		

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 _____

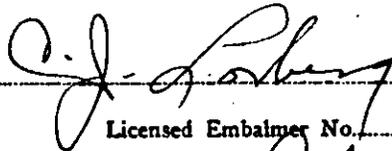
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 3810

P. O. Address. Cape Girardeau, 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.