No. 300
10.48

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

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9658

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5648 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett R1 Mt Pleasant
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): 2 1/2 W of Freistatt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN: Monett R-1
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 2 Miles W. Freistatt 0550-0

3. NAME OF DECEASED (Type or Print)
a. (First) ALMA: Alma
b. (Middle) THERESA: Theresa
c. (Last) DOSS: Doss

4. DATE OF DEATH (Month) (Day) (Year): March 15 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 31 1891
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and State or Foreign Country): Lawrence Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: ?
13b. MOTHER'S MAIDEN NAME: Emilie Fell
14. NAME OF HUSBAND OR WIFE: Work

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: X Cecil T. Doss
ADDRESS:

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) Medullary failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage — 10 days
DUE TO (c) arteriosclerosis — 18 months

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: 331X
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* July 22, 1952, *to* March 15, 1956, *that I last saw the deceased alive on* March 9, 1956 *and that death occurred at* 2:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold E Geary (Degree or title) DO
23b. ADDRESS: Mt Vernon Mo
23c. DATE SIGNED: 3/15/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/17/56
24c. NAME OF CEMETERY OR CREMATORY: Freistatt
24d. LOCATION (City, town, or county) (State): Freistatt Mo

DATE REC'D BY LOCAL REG.: 3-16-56
REGISTRAR'S SIGNATURE: Cecil Sandvicks
25. FUNERAL DIRECTOR'S SIGNATURE: Oscar L. Marsh
ADDRESS: Aurora Mo

(Licensed Embalmer's Statement on Reverse Side)

411-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.. Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.