

FILED DEC 31 1956

STANDARD CERTIFICATE OF DEATH

State File No. **41947**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 122

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JEFFERSON</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CRYSTAL CITY</u>		c. CITY OR TOWN <u>CRYSTAL CITY</u>	
c. LENGTH OF STAY (In this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>810 TAYLOR AVE.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>DOLLIE</u> b. (Middle) <u>JUNE</u> c. (Last) <u>DEGARE</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>DEC. 16 1956</u>		
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<b>5. SEX</b> <u>FEMALE</u>		<b>6. COLOR OR RACE</b> <u>WHITE</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>		<b>8. DATE OF BIRTH</b> <u>1897 JUNE 12 1875</u>		<b>9. AGE</b> (In years last birthday) <u>59</u>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____		<b>IF UNDER 2 HRS.</b> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____				<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>WAYNE CO. MO.</u>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>HENRY MEADOR</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>TEMPA TAYLOR</u>			<b>14. NAME OF HUSBAND OR NAME</b> <u>BEN DEGARE</u>		
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>490-12-9559</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mr. BEN DEGARE, CRYSTAL CITY, MO.</u>		<b>ADDRESS</b> _____	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma breast</u>		DUE TO (b) <u>Metastasis to bones</u>		<u>1 yr</u>	
		DUE TO (c) <u>Metastasis to brain</u>		DUE TO (b) <u>Metastasis to bones</u>		<u>6 mo</u>	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>		DUE TO (b) <u>Metastasis to brain</u>		<u>2 mo</u>	

<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Amputation right breast for Ca</u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____				<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____	
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**22. I hereby certify that I attended the deceased from 11/15, 1955 to 12/16, 1956, that I last saw the deceased alive on 12/16, 1956, and that death occurred at 1:00 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>[Signature]</u> (Degree or title) <u>M.D.</u>		<b>23b. ADDRESS</b> <u>Mercurium, Mo</u>		<b>23c. DATE SIGNED</b> <u>12/16/56</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>		<b>24b. DATE</b> <u>DEC. 19, 1956</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>METHODIST CEMETERY</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>FESTUS MO.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>12/19/56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>		<b>ADDRESS</b> <u>CRYSTAL CITY, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT,  
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 27 1956

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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.....  
Signature of Student Embalmer

Signed

*James Richard Cady*

Licensed Embalmer No. 430

P. O. Address *Crystal*

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.