

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32451

State File No.

FILED OCT 2 1953

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 8046 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>		c. LENGTH OF STAY (in this place) <u>7 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>		<u>068/0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>206 S. Oak. California, Mo</u>			d. STREET ADDRESS (If rural, give location) <u>206 S. Oak California, Mo</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) <u>May</u> c. (Last) <u>Harris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 1953</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>Widowed</u>	8. DATE OF BIRTH <u>May 7 1874</u>		9. AGE (in years last birthday) <u>79</u>	if UNDER 1 YEAR Months <u>4</u> Days <u>3</u>	if UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Elwood Bane</u>		13b. MOTHER'S MAIDEN NAME <u>Martha J. Day</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H L Harris</u> ADDRESS <u>Kansas City, 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, asphyxia, 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>Found dead in bed</u>		DUE TO (b) <u>Evidently Coronary Thrombosis</u>				<u>None</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerosis and Chronic Valvular Heart Disease</u>				<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Abdominal Cancer with ascites</u>				<u>1-2 yrs</u>

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) <u>California, Moniteau, Mo</u>	
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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?	
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22. I hereby certify that I attended the deceased from 3-24, 1953, to 6-1, 1953, that I last saw the deceased alive on 6-1, 1953, and that death occurred at 12/10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R B Dulke, M.D.</u> (Degree or title)			23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>9-11-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>9/12/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Strickfaden Cemt</u>		24d. LOCATION (City, town, or county) (State) <u>Rural, California, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>9-15-53</u>	REGISTRAR'S SIGNATURE <u>H L Paper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earle Boulton, California</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
68

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. _____

P. O. Address _____

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.