

No. 300
10-48

680
1
REC'D MAR 19 1952

224

REG. DIST. NO. 5394 PRIMARY REG. DIST. NO. 4333 Registrar's No. 23

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| 1. PLACE OF DEATH a. COUNTY Moniteau Co. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Moreau | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Moreau 0680 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. Clarksburg, Mo | | d. STREET ADDRESS (If rural, give location) R.F.D. Clarksburg, Mo | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Lottie c. (Last) Herod | | | 4. DATE OF DEATH (Month) (Day) (Year) 3/8/52 | | |
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|------------------|---------------------------|---|----------------------------------|---------------------------------------|--------------------------------|------------------------------|----------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Mar. 5. 1870 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months 0 | IF UNDER 1 YEAR Days 3 | IF UNDER 1 YEAR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Elizabeth Armstrong | 14. NAME OF HUSBAND OR WIFE |
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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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. W. B. State Clarksburg | ADDRESS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>scarlet fever</u> DUE TO (c) <u>Carcinoma of womb.</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>174X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | 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 April 1, 1952 to Mar. 8, 1952, that I last saw the deceased alive on Mar. 7, 1952, and that death occurred at 1730P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. J. Davis</u> | (Degree or title) D.O. | 23b. ADDRESS <u>Clarksburg, Mo</u> | 23c. DATE SIGNED <u>3/10/52</u> |
|--------------------------------------|---------------------------|---------------------------------------|------------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE <u>3/11/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Clarksburg, Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>3-11-52</u> | REGISTRAR'S SIGNATURE <u>H. R. Poppey</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bowler</u> | ADDRESS <u>California Mo</u> |
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ernest Bonline

Signed.....
Student Embalmer

Licensed Embalmer No.....

2126

P. O. Address.....

California, W

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.