

124 69 0027876

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

9. /

10a. 77

10b.

11. 0

12. 2

13. 1830

14. 4

15. 4

16.

17.

18. 0

19. CREDITS

20. 1-0

VS 300
Rev. 1/68

4.0269

5. 03

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

6. 0681

PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. 77		Primary Registration District No. 3016		Registrator's No. 333	
DECEASED—NAME FIRST MIDDLE LAST 1. Lela M Hert			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. July 15 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) 5a. 77	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Feb 11 1892
CITY, TOWN, OR LOCATION OF DEATH 7b. Jefferson City, Mo.		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Memorial Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Deceased
SOCIAL SECURITY NUMBER 12. 489-20-0983		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. House Wife		KIND OF BUSINESS OR INDUSTRY 13b. Own Home	
RESIDENCE—STATE COUNTRY 14a. Missouri 14b. Moniteau		CITY, TOWN, OR LOCATION 14c. California, Mo		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	
FATHER—NAME FIRST MIDDLE LAST 15. Dr H. R. Morris-(Deceased)		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Ollie Wilson-(Deceased)			
INFORMANT—NAME 17a. Helen Scott		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Kansas City, Mo			
PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
18 IMMEDIATE CAUSE (a) Carcinoma of Ovary, Metastatic (b) Pneumonia (c)					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs 4 days					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.) 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 20e.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 5/9/69		TO 21b. 7/15/69		AND LAST SAW HIM/HER ALIVE ON 21c. 7/14/69	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR 22b. 7/14/69		I DID/DID NOT VIEW THE BODY AFTER DEATH 22c. No	
CERTIFIER—NAME (TYPE OR PRINT) 23a. Robert Bregant		SIGNATURE 23b. Robert Bregant M.D.		DATE SIGNED (MONTH, DAY, YEAR) 23c. 7/16/69	
MAILING ADDRESS—CERTIFIER (SPECIFY) 23d. 515 E. High		STREET OR R.F.D. NO. 23e. Jefferson City, Missouri		CITY OR TOWN STATE ZIP 23f. 65018	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Masonic Cemetery		LOCATION CITY OR TOWN STATE 24c. California, Mo	
DATE 24d. 7/17/69		FUNERAL HOME—NAME AND ADDRESS 24e. Bowlin Funeral Home-100 S Oak California, Mo-65018			
FUNERAL DIRECTOR'S SIGNATURE 25a. John R. Bowlin		REGISTRAR—SIGNATURE 25b. Norma Miller		DATE RECEIVED BY LOCAL REGISTRAR 26. 7-17-69	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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

John R. Bowler

Licensed Embalmer No. 5150

P. O. Address California, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.