

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

9167

State File No. _____

33

FILED APR 9 1952

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>5796</u>		Registrar's No. _____	
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>Rural Walker</u>		c. LENGTH OF STAY (in this place) <u>70 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walker</u>		0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prarie Home Star Rt.</u>				d. STREET ADDRESS (If rural, give location) <u>Star California, Mo Prarie Home Rt</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Dearing</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4/5/52</u>	
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>1/2/1861</u>	
9. AGE (In years last birthday) <u>91</u>		10. UNDER 1 YEAR Months <u>3</u> Days <u>3</u>		11. UNDER 1 YEAR Hours <u>3</u> Min. <u>3</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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 (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Bower</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Bailey</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Dearing</u> ADDRESS <u>California</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <u>45.00</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Walker Hosp Moniteau</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Moniteau Mo</u>		21d. HOW DID INJURY OCCUR _____	
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 _____			
22. I hereby certify that I attended the deceased from <u>Aug. 2, 1947</u> to <u>Apr 5, 1952</u> , that I last saw the deceased alive on <u>Apr. 4, 1952</u> and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. R. Popper</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>4/7/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/6/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California Rt. Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-2-52</u>		REGISTRAR'S SIGNATURE <u>H. R. Popper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bonelin</u> ADDRESS <u>California</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0680

8750

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.....
Student Embalmer

Signed.....

Earl Bonnin

Licensed Embalmer No. *2126*

P. O. Address *California*

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.