V.S. No. 300
Rev. 10.48

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44146

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4210 Registrar's No. 26

1. PLACE OF DEATH.
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ridgeway
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ridgeway Pentecostal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Harrison
c. CITY OR TOWN: Ridgeway
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) Lucy b. (Middle) Lorena c. (Last) Dale
4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 57
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 18 1873
9. AGE (In years last birthday): 84 IF UNDER 1 YEAR Months: 5 Days: 10 IF UNDER 24 HRS. Hours: Min:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Keeper our Home Howard Ward
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Jamestown Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: James Mooreman
13b. MOTHER'S MAIDEN NAME: Hannah Johnston
14. NAME OF HUSBAND OR WIFE: J. C. Dale Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Nora Hatten Bethany Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 months
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 7 years
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: 443X
20. AUTOPSY? YES ☐ NO ☑

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):
21d. TIME OF INJURY (Month) (Day) ✓ (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* July, 1949, *to* Dec 28, 1957, *that I last saw the deceased alive on* Dec. 28, 1957, *and that death occurred at* 1:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Lola Brewer (Degree or title): M.D.
23b. ADDRESS: Ridgeway Mo.
23c. DATE SIGNED: Dec 30 '57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-57
24c. NAME OF CEMETERY OR CREMATORY: Ridgeway Cemetary
24d. LOCATION (City, town, or county) (State): 1/2 mi. S.E. Ridgeway Mo

DATE REC'D BY LOCAL REG.: Dec 30-57
REGISTRAR'S SIGNATURE: Zella Mayes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Robert H. Bogers Ridgeway Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Robert R Boggess

Licensed Embalmer No. 35-76

P. O. Address Richlands

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.