

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15676
Registrar's No. 12

Registration District No. 2

Primary Registration District No. 4083

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town De Witt
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

(c) City or town De Witt 17
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NEELIS - IRENE - BRIOADY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FE. / 5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Paul Brioady

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 15, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 XX 16 hr. _____ min.

9. Birthplace De Witt, Mo. /
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Thos. D. Jennings

13. Birthplace Unknown, Texas
(City, town, or county) (State or foreign country)

14. Maiden name Mary Nettie Peters

15. Birthplace De Witt, Mo. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Paul Brioady

(b) Address De Witt, Mo.

17. (a) Burial (b) Date thereof 6/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Ceme

18. (a) Signature of funeral director Stanley and Gilem

(b) Address Carrollton, Mo.

19. (a) June 2, 1948 (b) Paul Koch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1948 hour 04 minute 30 A M.

21. I hereby certify that I attended the deceased from May 31
1948, 19____, to May 31, 1948
that I last saw her alive on May 31, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
(Occlusion)

Duration 30 min

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 9/16

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. D. ... (M. D. or other)
Address Brewer's ... Date signed 6/1/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-10-48

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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 this body is not embalmed, fact should be so stated above.