

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 860

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 3

38303
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) Stanberry		c. LENGTH OF STAY (In this place) 3 Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Munro Rest Home		c. CITY (If outside corporate limits, write RURAL and give township) Albany	
		d. STREET ADDRESS (If rural, give location) 606 Ortan Ave	
3. NAME OF DECEASED a. (First) Ada (Type or Print)			b. (Middle) Ella
			c. (Last) Torbert
4. DATE OF DEATH (Month) (Day) (Year) Jan. 3 1949		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Oct. 9, 1872		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Gentry County		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Adkins Torbert		13b. MOTHER'S MAIDEN NAME Susan Misemer	
14. NAME OF HUSBAND OR WIFE			
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.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Howard Bailey		ADDRESS Daplington	
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) Chronic Interstitial Nephritis (uraemic poison) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fracture dislocated hip DUE TO (c) Chronic Arthritis	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Sept. 12, 1948 , to _____, 19____, that I last saw the deceased alive on Oct 7th, 1948 , and that death occurred at 4 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. Campbell		23b. ADDRESS Albany Missouri	
23c. DATE SIGNED Jan 4th 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 4, 1949	
24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.		24d. LOCATION (City, town, or county) (State) Gentry Co. Mo.	
DATE REC'D BY LOCAL REG. Jan 10-49		REGISTRAR'S SIGNATURE Harner N. Arbetter	
25. FUNERAL DIRECTOR'S SIGNATURE Schiffert Bros		ADDRESS Albany Mo	

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. Alfred Brooke

Licensed Embalmer No. 3329

P. O. Address Allany 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.