

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3940**
Registrar's No. **40**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission.) a. STATE Missouri b. COUNTY Calloway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Shamrock Township	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 7 miles S. W. of Wellsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Audrain County Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Emma Belle	b. (Middle) (Brooks)	c. (Last) Barton	4. DATE OF DEATH (Month) (Day) (Year) Feb. 24 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 15, 1879	9. AGE (In years last birthday) 69	10. MONTHS 11	11. DAYS 9	12. HOURS 	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Calloway County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Stephen Brooks	13b. MOTHER'S MAIDEN NAME Julia Frances Hutts	14. NAME OF HUSBAND OR WIFE Deceased
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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. none	17. INFORMANT'S SIGNATURE OR NAME R. B. Barton ADDRESS Wellsville, Missouri
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis & Septicemia		
	ANTECEDENT CAUSES Morbid 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. 4764			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **Feb 22, 1949** to **Feb 24, 1949**, that I last saw the deceased alive on **Feb 27, 1949**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Wood, M.D. (Degree or title)	23b. ADDRESS 17 Middle town Mo	23c. DATE SIGNED 2/26-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/27/49	24c. NAME OF CEMETERY OR CREMATORY Wellsville City Cem.	24d. LOCATION (City, town, or county) (State) Wellsville, Missouri
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DATE REC'D BY LOCAL REG. Feb 26-1949	REGISTRAR'S SIGNATURE Blanche Neely '0	25. FUNERAL DIRECTOR'S SIGNATURE R. B. Barton ADDRESS Wellsville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1
2

RECEIVED

District Health Officer No. 10

District File Number 34948

Date Filed MAR 7 - 1949

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 self

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

A. B. Wells

Licensed Embalmer No. 1588

P. O. Address Hellville 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.