

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **4015**

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4043</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Bellinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Bellinger</u>			
b. CITY OR TOWN <u>Marble Hill, Mo.</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marble Hill</u>		d. STREET ADDRESS (If rural, give location) <u>Marble Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marble Hill</u>							
3. NAME OF DECEASED (Type or Print) <u>Missouri</u>		a. (First) <u>C</u>		b. (Middle) <u>Bess</u>		c. (Last) <u>Bess</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1949</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>Aug. 4, 1858</u>	
9. AGE (In years last birthday) <u>90</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>		11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Madison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ruben Watts</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Watts</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Mae Hinder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clara Mae Hinder</u> ADDRESS <u>Marble Hill</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 <u>Pho. Myocondite</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> DUE TO <u>42</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>Sept 15, 1948</u> to <u>2/15, 1949</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.D. Stamps, M.D.</u> (Degree or title)		23b. ADDRESS <u>Marionville, Mo.</u>		23c. DATE SIGNED <u>2/16/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whitener Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 18-1949</u>		REGISTRAR'S SIGNATURE <u>Willie Ann Quebrough</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Coy Shelby</u> ADDRESS <u>Marionville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

12
RECEIVED

Health Officer No. 4

Section 349-3

3-1-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Howard E. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.