No. 300
10-48

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

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5663

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 5848 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Grant twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): near Barnard Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Grant Township.
d. STREET ADDRESS (If rural, give location): near Barnard Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Adaline
c. (Last): Aldridge

4. DATE OF DEATH (Month) (Day) (Year): 2 19-1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3-31-1867
9. AGE (In years last birthday): 81 — If under 1 year: Months 10, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Nodaway Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Sankord Robinett
13b. MOTHER'S MAIDEN NAME: Josephine Robinson
14. NAME OF HUSBAND OR WIFE: James Aldridge Barnard Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: James Aldridge — **ADDRESS**: Barnard Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension — 3 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 33
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* Feb 19, 1949, *to* Feb 19, 1949, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* 8:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. H. Kelley — (Degree or title): M.D.
23b. ADDRESS: Rosendale Mo
23c. DATE SIGNED: Feb 21-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-21-1949
24c. NAME OF CEMETERY OR CREMATORY: Bolckow
24d. LOCATION (City, town, or county) (State): Bolckow Mo

DATE REC'D BY LOCAL REG.: Feb 23-49
REGISTRAR'S SIGNATURE: Mrs. Elza Crenshaw 370
25. FUNERAL DIRECTOR'S SIGNATURE: E. E. Brect — **ADDRESS**: Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. ....., working under my personal supervision.

Signed E. C. Brecht

Signed ..... Student Embalmer

Licensed Embalmer No. 2650

P. O. Address Savannah 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.