

FILED FEB 26 1949

STANDARD CERTIFICATE OF DEATH

State File No. **7133**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **4503** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b> <b>103</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bernie</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bernie</b> <b>1</b> <b>0</b>	
c. LENGTH OF STAY (In this place) <b>75 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Georgia A</b>	b. (Middle) <b>Alice</b>	c. (Last) <b>Hefner</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 5th 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 17 1858</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Nashville Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Osborn</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Millie Johnson</b> ADDRESS <b>Bernie Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>High blood pressure</b> DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>33 X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>33 X</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>33 X</b>

22. I hereby certify that I attended the deceased from **1-30, 1949** to **2-4, 1949**, that I last saw the deceased alive on **Feb 4, 1949**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>F O Keller D.O.</b>	23b. ADDRESS <b>Bernie Mo</b>	23c. DATE SIGNED <b>2-11-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/6/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bernie</b>	24d. LOCATION (City, town, or county) (State) <b>Bernie Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-13-49</b>	REGISTRAR'S SIGNATURE <b>Velma V. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Ser. Inc</b> ADDRESS <b>Dexter, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Office No. 2  
District File Number 249-24  
Date Filed 2-23-5

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

Marsh Watkins

Student Embalmer No. 255

working under my personal supervision.

Student Marsh Watkins  
Student Embalmer

Signed Lynnae Steele

Licensed Embalmer No. 2476

P. O. Address Wester Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.