

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9156

BIRTH NO.		REG. DIST. NO. 199		PRIMARY REG. DIST. NO. 5732		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Macon Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Easley		c. LENGTH OF STAY (In this place) 4 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Easley		d. STREET ADDRESS (If rural, give location) 3 mi. West of Elmer, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. West of Elmer, Mo.				d. STREET ADDRESS (If rural, give location) 3 mi. West of Elmer, Mo.			
3. NAME OF DECEASED a. (First) Rhoda			b. (Middle) C.		c. (Last) Bright		4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 1, 1870		9. AGE (In years last birthday) 79	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Elmer, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Don W. Gunnels		13b. MOTHER'S MAIDEN NAME Susan Miller		14. NAME OF HUSBAND OR WIFE UNKNOWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Miss Sarah Gunnels		ADDRESS Elmer, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Neurhage INTERVAL BETWEEN ONSET AND DEATH 5 days. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 357				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) (Minute)		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 June 1, 1934, to Feb 5, 1949, that I last saw the deceased alive on Feb 5, 1949, and that death occurred at 1:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Howard Miller MD				23b. ADDRESS Macon Mo		23c. DATE SIGNED 2/8/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 7, 1949	24c. NAME OF CEMETERY OR CREMATORY Bell Cemetery		24d. LOCATION (City, town, or county) (State) Macon Co. Mo.		
DATE REC'D BY LOCAL REG. Mar. 14, 1949		REGISTRAR'S SIGNATURE Debra Hoverton		25. FUNERAL DIRECTOR'S SIGNATURE Adolf Skum		ADDRESS Macon Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 3-49-49

Date Filed MAR 16 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Albert Skinner

Signed.....  
Student Embalmer

Licensed Embalmer No. 78-1

P. O. Address Macon 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.