

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11207

BIRTH NO. ~~336~~ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 492 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree	
c. LENGTH OF STAY (in this place) 8 months		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) Harriet	b. (Middle) Kandolph	c. (Last) Kandolph	4. DATE OF DEATH (Month), (Day) (Year) 3-1-49		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-5-1861	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months 2	Days 24	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	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Tom Mooney	13b. MOTHER'S MAIDEN NAME Nancy McCall	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Ed Huffman Birch Tree, Mo.	ADDRESS
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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 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3, 5, 4, X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 26, 1949, to March 1, 1949, that I last saw the deceased alive on Feb 26, 1949, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE R. J. Davis M.D.	(Degree or title)	23b. ADDRESS Birch Tree Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-2-49	24c. NAME OF CEMETERY OR CREMATORY Bethyl Chapel	24d. LOCATION (City, town, or county) (State) Eminence, Mo.
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DATE REC'D BY LOCAL REG. 3-28-49	REGISTRAR'S SIGNATURE K. B. Rallis	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home, Mtn View, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No

District File Number 449232

Date Filed 4-1-49

APR 5 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.

Student
Student Embalmer

Signed Joe R Duncan
Licensed Embalmer No. 4325

P. O. Address W. View 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.