

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11945

State File No.

3200
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4166 Registrar's No. 19

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>DEKALB</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DEKALB</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEATHERBY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEATHERBY</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u> | | d. STREET ADDRESS (If rural, give location) <u>000</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>THURZA</u> b. (Middle) <u>HATTIE</u> c. (Last) <u>JANE EDIE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24 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>JAN. 10, 1862</u> |
| 9. AGE (In years last birthday) <u>87</u> | | 10. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>KENMUNDY ILLINOIS</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>ALEXANDER CALDWELL</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY JANE DITZLER</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>JOHN EDIE</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. KATE WEIGAND WEATHERBY MO.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Myocarditis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. HOW DID INJURY OCCUR? | |
| 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 <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 <u>11:45 P.M. 3/23 1949</u> , to <u>March 24, 1949</u> , that I last saw the deceased alive on <u>3-24, 1949</u> , and that death occurred at <u>10:30 P.M.</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 23b. ADDRESS <u>MAYSVILLE MISSOURI</u> | 23c. DATE SIGNED <u>3-26-49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>MAR. 27 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY. <u>SHAMBAUGH COPD</u> | 24d. LOCATION (City, town, or county) (State) <u>WEATHERBY MO.</u> |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR. 26-49</u> <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>82</u> <u>PILCHER FUNERAL HOME MAYSVILLE MO.</u> | | |

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 
..... C. F. Fitcher

Licensed Embalmer No. 3960

P. O. Address Mayville 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. _