

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13140

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>4324</u>		Registrar's No. <u>5-49</u>			
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tusculum</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eugene</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys Hosp't.</u>				d. STREET ADDRESS (If rural, give location) <u>Selma Township</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>BITTLE</u>			4. DATE OF DEATH (Month) <u>APR.</u> (Day) <u>13</u> (Year) <u>1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Nov. 5, 1881</u>			
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Miller Co., Mo. U.S.A.</u>			
13a. FATHER'S NAME <u>Samuel Winters</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Rush</u>		14. NAME OF HUSBAND OR WIFE <u>Walbert Bittle Eugene Mo.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.A. Bittle Eugene 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. 6 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Cerebral Vessels</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3317</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>April 2, 1949</u> , to <u>April 13, 1949</u> , that I last saw the deceased alive on <u>April 13, 1949</u> , and that death occurred at <u>3:30 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. E. Humphreys M.D.</u>				23b. ADDRESS <u>Tusculum, Mo.</u>		23c. DATE SIGNED <u>4-15-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Apr. 16, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>San Henry</u>		24d. LOCATION (City, town, or county) (State) <u>Tusculum Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 15, 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>		ADDRESS <u>Tallouh Mo.</u>			

(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED  
District Health Officer No. 9  
District File Number  
APR 27 1948  
Date Filed

RECEIVED  
APR 27 1948

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

Louis D. Sullivan Student Embalmer No. 314  
working under my personal supervision.

Student Les H. Whitaker  
Student Embalmer

Signed Louis D. Sullivan  
Licensed Embalmer No. 3663

P. O. Address Leason

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.