

FILED MAY 11 1949 STANDARD CERTIFICATE OF DEATH

State File No. 14568

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4498 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Shelby county		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hunnewell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hunnewell, Mo.	
c. LENGTH OF STAY (in this place) 7 Yrs.		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Cora Bell b. (Middle) Easdale c. (Last) 7			4. DATE OF DEATH (Month) (Day) (Year) 4-1-1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-26-1872	9. AGE (In years last birthday) 76	10. 11 Months 5 Days 5 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Marion Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME John F. Kincade		13b. MOTHER'S MAIDEN NAME Mary Randoll		14. NAME OF HUSBAND OR WIFE Andrew Easdale	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Andrew Easdale, Hunnewell, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 18. CAUSE OF DEATH		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction probably fibrous inflammatory		INTERVAL BETWEEN ONSET AND DEATH 4 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		11 mos	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Varico-sigmoid fistulae		11 mos	
DUE TO (c) Tubo-ovarian abscess		1.24X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bleeding on operation below abdominal incision on TB. (Blood negative)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION 6-1-48		19b. MAJOR FINDINGS OF OPERATION Drainage of tubo-ovarian abscess. Colostomy to the past varico-sigmoid fistulae and ulceration		21. HOW DID INJURY OCCUR? (1948)	
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 **May 1, 1948**, to **April 1, 1949**, that I last saw the deceased alive on **March 31, 1949**, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. H. Parker M.D.		(Degree or title)		23b. ADDRESS Hunnewell Mo.	
23c. DATE SIGNED 4-3-49		24. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE 4-3-1949		24c. NAME OF CEMETERY OR CREMATORY I O O F		24d. LOCATION (City, town, or county) (State) Hunnewell, Mo.	

DATE REC'D BY LOCAL REG. May 3-49		REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE Million & Barkeley, Shelbina, Mo.	
REG.		419		ADDRESS	

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

APR 26 1950

RECEIVED

District Health Officer No

District File Number 5-49

Date Filed MAY 10 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 W. H. Hawkins

Licensed Embalmer No. 3495

P. O. Address Shelburne, Vt.

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.