

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14676

State File No.

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6252 Registrar's No. 40

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>WAYNE</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Mill Spring</u>	c. LENGTH OF STAY (In this place)	a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mill Spring Mo.</u>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FANNIE</u>	b. (Middle) <u>L.</u>	c. (Last) <u>BILBREV</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 21, 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1880 August 13, 1880</u>	9. AGE (In years last birthday) <u>68</u> or UNDER 1 YEAR Months <u>7</u> Days <u>8</u> or UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson County, ILL.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Warren</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Bowler</u>	14. NAME OF HUSBAND OR WIFE <u>L. L. BILBREV</u>
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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. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>L. L. Bilbrev</u> ADDRESS <u>Mill Spring Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Stenosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatism</u>		<u>5 yrs</u>
	DUE TO (c) _____		<u>41 yr.</u>
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 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) m.	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 Seth, 19 48, to Mich 21, 19 49, that I last saw the deceased alive on Jan 14, 19 47, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Adair F. Wagner, M.D.</u> (Degree or title)	23b. ADDRESS <u>Tracyville Mo</u>	23c. DATE SIGNED <u>3-26-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 23, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CARSON HILL</u>	24d. LOCATION (City, town, or county) (State) <u>Mill Spring Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 14 1949</u>	REGISTRAR'S SIGNATURE <u>Susie O. Piles</u>	340	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Permon W. Cook</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED

Health Officer No. 4
Plate Number 549-58
5-7-49

JUN 22 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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.