

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20036

State File No.

50000

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

No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 26

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Wellbourn</u> c. LENGTH OF STAY (In this place) <u>11 4 weeks</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Home</u> 94 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u> | | d. STREET ADDRESS (If rural, give location) <u>P. 1</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHERINE</u> b. (Middle) _____ c. (Last) <u>HALLS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1949</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Apr. 12 1877</u> |
| 9. AGE (In years, months, days) <u>72</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S. A</u> | | | |
| 13a. FATHER'S NAME <u>John Stacy</u> | | 13b. MOTHER'S MAIDEN NAME <u>London</u> | 14. NAME OF HUSBAND OR WIFE <u>Albert Halls</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (unknown) (If yes, give war or dates of service) <u>unknown</u> | | 16. SOCIAL SECURITY NO. <u>?</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Stacy</u> ADDRESS <u>Elvins 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, bilateral</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> <u>1 year</u> DUE TO (c) _____ <u>4200</u> II. OTHER SIGNIFICANT CONDITIONS <u>cerebral arteriosclerosis, with mental deterioration</u> <u>6 months</u> | |
| 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>May 22, 1949</u> , to <u>June 19, 1949</u> , that I last saw the deceased alive on <u>June 9, 1949</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell, M.D.</u> | | 23b. ADDRESS <u>1111 W. Desoto, Mo.</u> | 23c. DATE SIGNED <u>6-20-49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 21, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Flat River</u> | 24d. LOCATION (City, town, or county) (State) <u>Flat River Mo</u> |
| DATE REC'D BY LOCAL REG. <u>6-20-49</u> | REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Caldwell Bess Snyder</u> ADDRESS <u>Flat River Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

District File Number _____
RECEIVED JUN 30 1949
District Health Officer No. 9,

SEP 23 1952

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.....
Student Embalmer

Signed Ornell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Delto no

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.