No. 300
0-48

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20163

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 193

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

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 479 Hunt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
d. STREET ADDRESS (If rural, give location): 479 Hunt

3. NAME OF DECEASED (Type or Print): a. (First) Adella b. (Middle) Missouri c. (Last) Harris

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1949

5. SEX: F

6. COLOR OR RACE: N.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 1

8. DATE OF BIRTH: Nov 14 1868

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 8 Days 21 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chariton County Mo

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Nelson Brooks

13b. MOTHER'S MAIDEN NAME:

14. NAME OF HUSBAND ~~OR WIFE~~: William Homer

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: Jack Homer — ADDRESS: Brookfield

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	chronic myocarditis	6 yr.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	arterial hypertension	6 yr.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		444X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 16, 1942, *to* July 5, 1949, *that I last saw the deceased alive on* July 4, 1949, *and that death occurred at* 1:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. H. Potter, Mgr.

23b. ADDRESS: Brookfield Mo

23c. DATE SIGNED: 7-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE: 7/8/49

24c. NAME OF CEMETERY OR CREMATORY: Rosehill

24d. LOCATION (City, town, or county) (State): Brookfield Mo

DATE REC'D BY LOCAL REG.: 7/8/49

REGISTRAR'S SIGNATURE: J. B. Erwin 167

25. FUNERAL DIRECTOR'S SIGNATURE: Bouden Funeral Home — ADDRESS: Brookfield

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 11 1948
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.

RECEIVED
JUL 11 1948
DISTRICT
HEALTH OFFICE
CAMERON, MO.

Signed B. M. Clellan

Signed.....
Student Embalmer

Licensed Embalmer No. 4230

P. O. Address Brookfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.