

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27216

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 148	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) Webb City		49	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital				d. STREET ADDRESS (If rural, give location) 517 West Daugherty			
3. NAME OF DECEASED (Type or Print) a. (First) ABIGAL		b. (Middle) JANE		c. (Last) BERRIAN		4. DATE OF DEATH (Month) (Day) (Year) Sep t 1, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 13, 1867	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 2		IF UNDER 2 HRS. Days 18		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pittsfield, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George W. Mills		13b. MOTHER'S MAIDEN NAME Malina Foot		14. NAME OF HUSBAND OR WIFE widow			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrol Berrian Webb City, Mo.			
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</u> ANTECEDENT CAUSES DUE TO (b) <u>hypertension</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>auricular fibrillation</u>				INTERVAL BETWEEN ONSET AND DEATH 3 days years 33 1/2 years	
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) 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 8-23, 1946, to 8-23 9-1, 1949, that I last saw the deceased alive on 9-1, 1949, and that death occurred at 2 Pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carrol Berrian M.D.</u>				23b. ADDRESS Webb City, Mo		23c. DATE SIGNED 9/2/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-3-49		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE REC'D BY LOCAL REG. SEPT 3; 1949		REGISTRAR'S SIGNATURE <u>H. C. Hutchett</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Hedge-Lewis</u>		ADDRESS Webb City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-7-49
Jasper County Health Office

Handwritten signature

County File Number 49-8-675
Date Filed 9-9-49

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 *[Handwritten Signature]*

Licensed Embalmer No. 9859

P. O. Address *[Handwritten 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.