

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30030

30030

45  
D  
6

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4230 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong</u>	
c. LENGTH OF STAY (If this place) <u>yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Nannie</u> b. (Middle) <u>Price</u> c. (Last) <u>Dennis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 8<sup>th</sup> 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 17<sup>th</sup> 1863</u>
9. AGE (In years last birthday) <u>86</u>		10. MONTH <u>3</u>	11. DAY <u>21</u>
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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Moses Murby</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Sartain</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fred Todd</u>		ADDRESS <u>Armstrong, 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, asthenia, 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> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility &amp; arteriosclerosis</u> D.K. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>381A</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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) (Min.)		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>Sept 3, 1949</u> , to <u>Sept 5, 1949</u> , that I last saw the deceased alive on <u>Sept 5, 1949</u> , and that death occurred at <u>2 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Dreyer</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Huntsville Mo</u>	
23c. DATE SIGNED <u>9/9/49</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept 10<sup>th</sup> 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	
24d. LOCATION (City, town, or county) (State) <u>Huberly Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahaw and Son</u>	
25. ADDRESS <u>Huberly Mo</u>		26. STATEMENT ON REVERSE SIDE	

UC16

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-6-49

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Frank D. White

Signed.....

Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Merely, Mo.

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.