No. 300
10.48

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35120

State File No. 8828

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis mo
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) Mo. Baptist Hos.

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

3. NAME OF DECEASED (Type or Print)
a. (First) Daisy
b. (Middle) Minnie May
c. (Last) Fields

4. DATE OF DEATH (Month) Oct (Day) 13 (Year) 49

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 15, 1877
9. AGE (In years last birthday) 72 — 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) Hose Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Newburg Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Willum Bittick
13b. MOTHER'S MAIDEN NAME Mallidi Shultz
14. NAME OF HUSBAND OR WIFE John Fields

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 Arthur Fields — ADDRESS Waynesville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Left Hip, Arteriosclerosis suffered when deceased fell to the floor at her home Edgar Springs Missouri on Oct 1 1949 exact time unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Accident
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Edgar Springs (COUNTY) (STATE) Mo.
21d. TIME OF INJURY (Month) Oct (Day) 1 (Year) 49 (Hour) ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 81 18 E 9030

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on 1, 19___, and that death occurred at 1010A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Patrick E Taylor Cor 2
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 10-13-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 15, 1949
24c. NAME OF CEMETERY OR CREMATORY Smith
24d. LOCATION (City, town, or county) Waynesville, Mo. (State) Mo.

DATE REC'D BY LOCAL REG. OCT 14 1949
REGISTRAR'S SIGNATURE J B Lasalon
25. FUNERAL DIRECTOR'S SIGNATURE Decker and Hodges — ADDRESS Waynesville Mo

(Licensed Embalmer's Statement on Reverse Side)

8888

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 w
the above constitutes grounds for revocation of license.)

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