

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39856**

FILED DEC 6 1949

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **214**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) marshfield		c. CITY (If outside corporate limits, write RURAL and give township) Slater	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 316 Short St - Slater mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butzger			

3. NAME OF DECEASED (Type or Print) Cora Wood Rearden			4. DATE OF DEATH (Month) (Day) (Year) Nov - 27 - 49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 4 - 1882		9. AGE (In years last birthday) Months Days Hours Min. 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Saline Co. mo		12. CITIZEN OF WHAT COUNTRY? usa

13a. FATHER'S NAME John R. Rumman		13b. MOTHER'S MAIDEN NAME May E. Dickson		14. NAME OF HUSBAND OR HUSBAND James H. Rearden	
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 AND ADDRESS my. c. j. aulshure Versailles	

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) Carcinoma Pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH Aug 20 49	
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION no		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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 **Oct 20, 1949** to **Nov 27, 1949** that I last saw the deceased alive on **11/26, 1949** and that death occurred at **2:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS [Address]		23c. DATE SIGNED 11/27/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 29 - 49		24c. NAME OF CEMETERY OR CREMATORY Concord		24d. LOCATION (City, town, or county) (State) near Arrow, Rock mo	
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DATE REC'D BY LOCAL REG. Nov. 28 - 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS [Signature] Slater mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

97
1
2

RECEIVED

DEC 5

2681-7 memo

District Health Officer No. 8,

District File No. _____

Date Filed 12-5-49

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 Herman Salzer

Licensed Embalmer No. 1831

P. O. Address Slater, 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.