

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40921

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. LENGTH OF STAY (in this place) 4 Days		c. CITY (If outside corporate limits, write RURAL and give township) Roscoe		R. 93	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheel Hospital				d. STREET ADDRESS (If rural, give location) ?			
3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) Mae c. (Last) Farrar			4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH Aug. 26, 1877	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Roscoe, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Valentine Ruckman		13b. MOTHER'S MAIDEN NAME Nancy Tharp		14. NAME OF HUSBAND OR WIFE			
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 ADDRESS Cassie J. Janssen Roscoe, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchitis / Right Bronchitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) with metastases to Liver 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  170X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 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 5/6, 1949, to 12/24, 1949, that I last saw the deceased alive on 12/22, 1949, and that death occurred at 11:22 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Frank Jodel, M.D.				23b. ADDRESS Osceola, Mo.		23c. DATE SIGNED 12/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-26-49		24c. NAME OF CEMETERY OR CREMATORY Osceola		24d. LOCATION (City, town, or county) (State) Osceola, Mo.	
DATE REC'D BY LOCAL REG. 12-26-49		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. B. Aschell Osceola, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 12-49-1574

Date Filed 1-9-50

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 J. B. Sandrich

Licensed Embalmer No. 3038

P. O. Address Person No

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.