5. No. 300
v. 10.48

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FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4436

BIRTH NO. _____ REG. DIST. NO. 409 PRIMARY REG. DIST. NO. 5424 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Campbell, Union Twp RURAL
c. LENGTH OF STAY (In this place): 3yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Campbell Union Twp. RURAL
d. STREET ADDRESS (If rural, give location): Rt 1 0350

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Mandy
c. (Last): Rees

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 14 1871
9. AGE (In years last birthday): 78 — If under 1 year: Months 2, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Woolsey
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Louisa Lee Bernie
ADDRESS: Mo R.1

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) General toximea — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Extensive decubitis — 6 month
DUE TO (c) Partial paralysis — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
352X

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

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. *, 19* 45 *, to* Jan. 20 *, 19* 50 *, that I last saw the deceased alive on* Jan 30. *, 19* 50 *, and that death occurred at* 3:00 P.M. *, from the causes and on the date stated above.*

23a. SIGNATURE: H. J. Rutledge (Degree or title) M. D.
23b. ADDRESS: Campbell, Mo
23c. DATE SIGNED: 2/3/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 3, 1950
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): Campbell Mo.

DATE REC'D BY LOCAL REG.: 2/10/1950
REGISTRAR'S SIGNATURE: Mrs. Beulah Campbell
25. FUNERAL DIRECTOR'S SIGNATURE: Landess Funeral Home
ADDRESS: Campbell, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-13-50
COUNTY FILE NUMBER 250-55

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 Christina M. Landers

Signed _____
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address Campbell, 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.