

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5435

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5763 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Philadelphia</u>		c. CITY (If outside corporate limits, write RURAL and give township). <u>Philadelphia</u> 5640	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Trup.</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Josie</u>		a. (First) <u>Baewrichte</u>	
b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 26 - 1950</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>Oct. 18 1867</u>		9. AGE (In years last birthday) <u>82</u> If UNDER 1 YEAR: Months <u>4</u> Days <u>8</u> If UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Curry, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>Michael Farley</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Schmidt</u>	
13c. NAME OF HUSBAND OR WIFE <u>Fred Baewrichte</u>		14. SOCIAL SECURITY NO. 	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Oliver Latimer Cuddeho</u>	
16. ADDRESS <u></u>		17. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c)	
18. INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5200</u>	
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) (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 <u>2/26</u> , 19 <u>50</u> , to <u>2/26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/26</u> , 19 <u>50</u> , and that death occurred at <u>11:25 PM</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. H. Hill M.D.</u> (Degree or title)		23b. ADDRESS <u>Calumet, Mo.</u>	
23c. DATE SIGNED <u>2/27/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>	
24d. LOCATION (City, town, or county) (State) <u>Marion Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. E. M. ...</u>	
25. ADDRESS <u>By Viola New ...</u>		26. DATE REC'D BY LOCAL REG. <u>2/27/50</u>	
26. REGISTRAR'S SIGNATURE <u>By Viola New ...</u>		27. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>	
27. ADDRESS <u>Canning, Mo.</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

RECEIVED MAR 10 1950  
MARION O. HEALTH DEPT.  
DATE FILED MAR 13 1950

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 Thomas Ball

Licensed Embalmer No. 17 44

P. O. Address Ewing Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

*1305 27 1950*