

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2237

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 26

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) OR TOWN Marshall	c. LENGTH OF STAY (In this place) 4 WEEKS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.F.D. 3, Slater	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbons Hospital		d. STREET ADDRESS (If rural, give location) Cambridge Township	

3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Louisa c. (Last) Gilliam	4. DATE OF DEATH (Month) (Day) (Year) Jan. 30- '50
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH 1/1/1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Saline County	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Jacob Brumit	13b. MOTHER'S MAIDEN NAME Mary Ann (unknown)	14. NAME OF HUSBAND OR WIFE widow
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Griggs, Slater, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Intractable Regret		INTERVAL BETWEEN ONSET AND DEATH 8 1/2 yrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
	DUE TO (c) Arteritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			446X

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **2:5**, 19**45**, to **1:30**, 19**50**, that I last saw the deceased alive on **1-30**, 19**50**, and that death occurred at **9:45** m., from the causes and on the date stated above.

23a. SIGNATURE W. L. Lattin (Degree or title)	23b. ADDRESS Slater, Mo.	23c. DATE SIGNED Jan 31 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 31 1950	24c. NAME OF CEMETERY OR CREMATORY Slater, City.	24d. LOCATION (City, town, or county) (State) Slater, Mo.
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DATE REC'D BY LOCAL REG. Jan. 31-1950	REGISTRAR'S SIGNATURE Sidney T. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers Slater	ADDRESS Slater, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

972
0

0970
0

ADVERSE

ms.

RECEIVED

FEB 6

District Health Officer No. 8,

District File Number.....

Date Filed 2-15-50

1950 8

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 Sam M Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 1292

P. O. Address State 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.