

FILED MAR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9745

6

BIRTH NO.		REG. DIST. NO. 239		PRIMARY REG. DIST. NO. 5825		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Como Twp.</u>		c. LENGTH OF STAY (In this place) <u>26 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Como Twp. n</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u> <u>07 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1</u>				3. NAME OF DECEASED a. (First) <u>Lydia</u> b. (Middle) <u>Ann</u> c. (Last) <u>Rhea</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27, 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>Jan. 25, 1865</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>		IF UNDER 48 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>-</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Stepp</u>		13b. MOTHER'S MAIDEN NAME <u>Reta Swarigan</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John L. Rhea - Parma, Mo. Rt. 1</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood Pressure</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>10 days</u> <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		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) (Min.)	
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>Feb 26, 1950</u> , to <u>Feb 27, 1950</u> , that I last saw the deceased alive on <u>Feb 26, 1950</u> , and that death occurred at <u>3:40 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. Calhoun</u> (Degree or title)				23b. ADDRESS <u>Malden</u>		23c. DATE SIGNED <u>Mar 1, 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 28, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3/6/50</u>		REGISTRAR'S SIGNATURE <u>Dr. C. W. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McGowan Funeral Home - Campbell, Mo.</u>			

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

RECEIVED
MAR 10 1950
District Health Office No. 2
District File Number 350-17
Date Filed

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. Landess

Signed.....
Student Embalmer

Licensed Embalmer No. 4227

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.