

No. 300
10:48
96
20

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12605

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 402

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STONE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" UNION</u> <u>1040</u>	
c. LENGTH OF STAY (in this place) <u>4 HRS.</u>		d. STREET ADDRESS (If rural, give location) <u>BILLINGS RT. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHNS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIETTA</u> b. (Middle) <u>-</u> c. (Last) <u>MCBRIDE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 27 1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT 0</u>	8. DATE OF BIRTH <u>4-27-1950</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>RUSSELL E. MCBRIDE</u>	13b. MOTHER'S MAIDEN NAME <u>LOPEZ</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RUSSELL MCBRIDE RT#1 BILLINGS, MO.</u>	ADDRESS <u>BILLINGS, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythroblastosis fetalis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rh incompatibility</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7700	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> 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 4-27, 1950, to 4-27, 1950, that I last saw the deceased alive on 4-27, 1950, and that death occurred at 2:24A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Karl J. Leidinger M.D.</u>	23b. ADDRESS <u>Clever, Mo</u>	23c. DATE SIGNED <u>4-29-50</u>
---	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL 0</u>	24b. DATE <u>4-28-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SMART CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO. MISSOURI</u>
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>5-2-50</u>	REGISTRAR'S SIGNATURE <u>WJ Handley WDO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>	ADDRESS <u>Cleaver, Mo.</u>
---	--	---	--------------------------------

(Licensed Embalmers' Statement on Reverse Side)

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

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 John Rean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.