

FILED APR 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 13854

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

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker Life</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>		d. STREET ADDRESS (If rural, give location) <u>700 Buchanan Ave.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 Buchanan Ave</u>			d. STREET ADDRESS (If rural, give location) <u>700 Buchanan Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Aldrich</u> c. (Last) <u>Martie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 30 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>Sept. 8. 1865</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>84 6 22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W.E. Scherriff</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Aldridge</u>		14. NAME OF HUSBAND OR WIFE	
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 ADDRESS <u>A. Martie Reno, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Influenza</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 H</u>
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) <u>California Moniteau Mo.</u>		
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>May 19 40</u> , to <u>March 30 50</u> , that I last saw the deceased alive on <u>April 30 50</u> , and that death occurred at <u>3/15P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Deceased or title) <u>A. Martie</u>			23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>4/1/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/2/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cent.</u>	24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-2-50</u>		REGISTRAR'S SIGNATURE <u>A.R. Poppey 202</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>East St. Bonville California</u>	

District File Number
District Health Officer No. 9,
RECEIVED
APR 11 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Earl B. Bonlin

Licensed Embalmer No. 2126

P. O. Address California, D.

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.