

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15664

State File No.

1080

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

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6217 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Badger township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1080</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>7. East. Milo. Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. East of Nevada</u>			
3. NAME OF DECEASED a. (First) <u>Cora</u> b. (Middle) <u>-</u> c. (Last) <u>Householder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April, 19-50</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>6-5-1876</u>
9. AGE (In years last birthday) <u>73</u>		if UNDER 1 YEAR Months <u>10</u> Days <u>14</u>	if UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Wakarusa Kans</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>W. Carroll</u>		13b. MOTHER'S MAIDEN NAME <u>Leik</u>	14. NAME OF HUSBAND OR WIFE <u>C.E. Householder, (Deceased)</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hony. Householder, Nevada, Mo</u> ADDRESS <u></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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Long Pneumonia</u> ANTECEDENT CAUSES <u>Chronic Bronchitis</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Bronchitis + asthma</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>4 days</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) m.		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>4-19</u> , 19 <u>50</u> , to <u>4-19</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A.B. Bannister MD</u> (Degree or title)		23b. ADDRESS <u>Sheldon MO</u>	
23c. DATE SIGNED <u>4-20-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>4-24-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wakarusa Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wakarusa, Kans.</u>	
DATE REC'D BY LOCAL REG. <u>April 25/50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ruth Ruth Beihinger</u> vs. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home Nevada, Mo</u> ADDRESS <u></u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 29 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

Richard L. Shorten

Licensed Embalmer No. *4532*

P. O. Address *Nevada, NV*

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.