S. No. 300
10.48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16278

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 53

0310

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

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gallatin
c. LENGTH OF STAY (In this place): 9 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ---

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gallatin 0310
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle): ---
c. (Last): Black

4. DATE OF DEATH (Month) (Day) (Year): May 6 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feby. 24, 1883
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 2, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Douglas
13b. MOTHER'S MAIDEN NAME: Katie Shaffer
14. NAME OF HUSBAND OR WIFE: Chas. A. Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Nell Holbrook, Gallatin, Mo.

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) Cardio Vascular failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis Uncertain
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4222

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 3 1950 *to* May 6, 1950, *that I last saw the deceased alive on* May 6, 1950, *and that death occurred at* 2:06P. *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward Quixon M.D.
23b. ADDRESS: Gallatin Mo
23c. DATE SIGNED: May 11 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-8-1950
24c. NAME OF CEMETERY OR CREMATORY: Brown Cemetery
24d. LOCATION (City, town, or county) (State): Gallatin, Mo.

DATE REC'D BY LOCAL REG.: 22 May 1950
REGISTRAR'S SIGNATURE: Virginia M Engelhart 81 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L. O. Richardson, Hope Funeral Home Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 27 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 L. O. Dickerson

Signed.....
Student Embalmer

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.