No. 300
10-48

FILED JUN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17845

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 4238 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centerville
c. LENGTH OF STAY (In this place):
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: Mo.
b. COUNTY: Reynolds
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centerville 0900
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle):
c. (Last): Stout

4. DATE OF DEATH (Month) (Day) (Year): 5-16-50

5. SEX: FeMale 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Nov. 16-1886
9. AGE (In years last birthday): 63 — If under 1 year: Months 6, Days; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Reynolds Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Stout
13b. MOTHER'S MAIDEN NAME: Eliza Jane Akins
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Charles L. Pogue — **ADDRESS**: Ellington, 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) Chronic nephritis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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

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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* 5-10, 1950, *to* 5-16, 1950, *that I last saw the deceased alive on* 5/17/, 1950, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Fitzpatrick
(Degree or title): M.D.
23b. ADDRESS: Lesterville ~~Ellington~~, Mo.
23c. DATE SIGNED: 5-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial ()
24b. DATE: 5-18-50
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill
24d. LOCATION (City, town, or county) (State): Reynolds Co. Mo.

DATE REC'D BY LOCAL REG.: MAY 24-50
REGISTRAR'S SIGNATURE: C. M. Fitzpatrick
25. FUNERAL DIRECTOR'S SIGNATURE: Phil A. Leuckel
ADDRESS: Ell. Mo.

(Licensed Embalmer's 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 5-16-

..... Student Embalmer No. .....

working under my personal supervision.

Signed Phil A Leuchel

Signed .....
Student Embalmer

Licensed Embalmer No. 2936

P. O. Address Van Buren 9

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.