

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27414

5550

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

BIRTH NO.		REG. DIST. NO. <u>397</u>		PRIMARY REG. DIST. NO. <u>4271</u>		Registrar's No. <u>23</u>		
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Perez City Mo</u>		c. LENGTH OF STAY (In this place) <u>60</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Perez City Mo 0550</u>		d. STREET ADDRESS (If rural, give location) <u>209 Myrtle</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 Myrtle</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>BRIDGET</u> b. (Middle) <u>ADELINE</u> c. (Last) <u>McNAMARA</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>28</u> (Year) <u>1950</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan. 18, 1862</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Berksburg Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S., A</u>		
13a. FATHER'S NAME <u>John O. Rele</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Mary McNamara</u>		14. NAME OF HUSBAND OR WIFE <u>Michael McNamara</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>Maude Remmy Perez</u>		18. ADDRESS <u>Perez City 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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cholecystitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Two days</u>	
ANTECEDENT CAUSES Morbidity 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. <u>Senility</u>			585X	
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)		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>July 26, 1950</u> , to <u>July 28, 1950</u> , that I last saw the deceased alive on <u>July 28, 1950</u> , and that death occurred at <u>11:25 P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u>				23b. ADDRESS <u>Perez City, Mo</u>		23c. DATE SIGNED <u>7-31-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 31, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick's Church</u>		24d. LOCATION (City, town, or county) (State) <u>Perez City, Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-23-50</u>		REGISTRAR'S SIGNATURE <u>John P. Davis</u>		FURNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>		ADDRESS <u>Perez City, Mo</u>		

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 30 1950

Dist. File 850-1845

Date Filed Aug 30 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 \_\_\_\_\_

*Edwin P. Wilks*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *Edwin P. Wilks*

Student .....  
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address Quincy, 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.