

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29349

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Purves Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville 0050	
		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Ada		b. (Middle) Ann	
		c. (Last) Scrimager	
		4. DATE OF DEATH (Month) (Day) (Year) 8-21-1950	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH 6-27-1868
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days 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	11. BIRTHPLACE (State or foreign country) Illinois
			12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Kidwell		13b. MOTHER'S MAIDEN NAME Anne Compton	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	
		17. INFORMANT'S SIGNATURE OR NAME Paul Scrimager-Cassville, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Stroke	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH 6 days	
ANTECEDENT CAUSES		Hypertension	
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.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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>Sept 27, 1946</u> , to <u>Aug 21, 1950</u> , that I last saw the deceased alive on <u>Aug 21, 1950</u> and that death occurred at <u>5:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. McDaniel</u> (Degree or title)		23b. ADDRESS <u>Cassville, Mo.</u>	
		23c. DATE SIGNED <u>8-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-23-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Russell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butterfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 5-1950</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u> 10	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blair A. Williams</u> ADDRESS <u>Cassville, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 0

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED SEP 11 1950

Dist. File 950-1888

Date File 9-15-50

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 Glen W. Williams.....

Licensed Embalmer No. 4651.....

P. O. Address Cassville, 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.