

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31458

State File No.

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6064 Registrar's No. 55

0930
P
rural

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola (Rural)</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Osceola Township</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>May</u> c. (Last) <u>Brinegar</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8/29/1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5/2/1876</u>
9. AGE (In years) by birthday <u>74</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Henry County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Samuel Howerton</u>	
13b. MOTHER'S MAIDEN NAME <u>Cathrine Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>W.W. Brinegar Osceola Mo</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>W.W. Brinegar Osceola Missouri</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>broken hip</u> • 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>5 da</u> <u>69030</u> <u>21</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Osceola St. Clair Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 24, 1950 2:00 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>fell on floor 93</u>	
22. I hereby certify that I attended the deceased from <u>Aug 24, 1950</u> , to <u>Aug 29, 1950</u> , that I last saw the deceased alive on <u>Aug 29, 1950</u> , and that death occurred at <u>10:45 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ruth Seever M.D.</u>		23b. ADDRESS <u>Osceola Mo</u>	23c. DATE SIGNED <u>8/31/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/9/2/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia</u>	24d. LOCATION (City, town, or county) (State) <u>Vista Missouri</u>
DATE REC'D BY LOCAL REG. <u>8-31-50</u>	REGISTRAR'S SIGNATURE <u>Ruth Seever</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. Goodrich</u>	
		ADDRESS <u>Osceola Mo</u>	

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

RECEIVED 9-30-57

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-30-57

RECEIVED 100

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 J.B. Braden

Licensed Embalmer No. 3038

P. O. Address [Handwritten Address]

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.