

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1950

State File No. 35922

BIRTH NO.		REG. DIST. NO. 340	PRIMARY REG. DIST. NO. 4503	Registrar's No. 81
1. PLACE OF DEATH a. COUNTY Stoddard County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Bernie		c. LENGTH OF STAY (In this place) 53	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Walnut Street		d. STREET ADDRESS (If rural, give location) Walnut Street 0		
3. NAME OF DECEASED (Type or Print) a. (First) Alwildia		b. (Middle)	c. (Last) Fyffe	4. DATE OF DEATH (Month) (Day) (Year) 10 2 50
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/3/1864	9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 11 Days 29 IF UNDER 2 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		11. BIRTHPLACE (State or foreign country) Illinois / 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Thackara		13b. MOTHER'S MAIDEN NAME Hannah White		14. NAME OF HUSBAND OR WIFE Albert Fyffe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hattie Fyffe Bernie
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) Senility 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.		INTERVAL BETWEEN ONSET AND DEATH 794X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Aug. 31, 1944, to Sept. 28, 1950, that I last saw the deceased alive on Sept. 28, 1950, and that death occurred at 8:00 P. m., from the causes and on the date stated above.				
23a. SIGNATURE F. O. Kelly, M.D.		23b. ADDRESS Bernie, Mo.		23c. DATE SIGNED 10-7-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U		24b. DATE 10/4/50		24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery
24d. LOCATION (City, town, or county) (State) Bernie Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bernie		
DATE REC'D BY LOCAL REG. 10-11-50		REGISTRAR'S SIGNATURE Velma V. Jenkins 4/09		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bernie

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10-48

030
1

E. C. ...
...
...
...
...

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. S. Schuman
Licensed Embalmer No. 4086

P. O. Address Malden

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.