

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36393**

FILED NOV 29 1950

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>386</u>  |  | PRIMARY REG. DIST. NO. <u>4082</u>   |  | Registrar's No. <u>13</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Carroll</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>Carroll</u> |  |   |  |
| b. CITY OR TOWN <u>Bogard</u>   |  | c. LENGTH OF STAY (in this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Bogard</u>   |  | 0170  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u>   |  |  |  | d. STREET ADDRESS (If rural, give location)  |  |   |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u>   |  | b. (Middle) <u>ELLEN</u>   |  | c. (Last) <u>Street</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 18 1950</u>                          |  |
| 5. SEX <u>female</u>  |  | 6. COLOR OR RACE <u>white</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>  |  | 8. DATE OF BIRTH <u>Dec 9, 1861</u>   |  |
| 9. AGE (In years last birthday) <u>88</u>   |  | IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u>   |  | IF UNDER 24 HRS. Hours <u></u> Min. <u></u>  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>   |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>                         |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |  |  | 13a. FATHER'S NAME <u>Andrew J. Street</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Lucinda Ison</u>                                     |  |
| 14. NAME OF HUSBAND OR WIFE <u>John M. Street - Dec'd</u>   |  |  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |  | 16. SOCIAL SECURITY NO. <u>none</u>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Eunice Street Bogard</u>   |  |  |  | ADDRESS <u>MO</u>  |  |   |  |
| 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) <u>mitral insufficiency</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>?</u>  |  |  |  |   |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |  | ANTECEDENT CAUSES  |  |  |  |   |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  | DUE TO (b) <u>Infirmities</u>  |  |  |  |   |  |
|   |  | DUE TO (c) <u>old age</u>  |  |  |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS  |  | Conditions contributing to the death but not related to the disease or condition causing death. <u>old age</u> |  |  |  |   |  |
| 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) (Min.)  |  | 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>Nov 15, 1950</u> , to <u>Nov 18, 1950</u> , that I last saw the deceased alive on <u>Nov 18, 1950</u> and that death occurred at <u>6 A. M.</u> from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE <u>D. Hamilton Hinton</u> (Degree or title) <u>M.D.</u>  |  |  |  | 23b. ADDRESS <u>Carroll, Mo.</u>   |  | 23c. DATE SIGNED <u>Nov 18 1950</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Nov. 20, 1950</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Street</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Carroll MO</u>                   |  |
| DATE REC'D BY LOCAL REG. <u>Nov. 24, 1950</u>   |  | REGISTRAR'S SIGNATURE <u>Delia W. Russell Deputy</u>   |  | 48   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. A. DeKerson</u> ADDRESS <u>Bogard, Mo.</u> |  |

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

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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 E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address Bogard, 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.