

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Releas

37870

State File No.

0730

BIRTH NO. _____ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 6884 Registrar's No. 12 13

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>MARION Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>MARION Twp</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>ANNIE</u>	b. (Middle) <u>E.</u>	c. (Last) <u>MAYBERRY</u>	<u>Nov. 4, 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>FEB. 1, 1851</u>	9. AGE (In years last birthday) <u>99</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 24 HRS. Days <u>3</u>	IF UNDER 60 MIN. Hours <u></u>	Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>AUGUSTA TOWN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>G.W. Christy</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZA J. GRAVES</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>SYDNEY MAYBERRY</u>	ADDRESS <u>GRANBY #1</u>
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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>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Two hours</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>2991X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 Nov. 3, 1950 to Nov 4, 1950, that I last saw the deceased alive on Nov. 3, 1950, and that death occurred at 8:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. Releas MD</u>	23b. ADDRESS <u>Granby Mo</u>	23c. DATE SIGNED <u>11. 14. 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-6-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>NEWTON Co. MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 15 - 1950</u>	REGISTRAR'S SIGNATURE <u>Miss Allie Parnell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Calley Thompson</u>	ADDRESS <u>Newark Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

20
RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 1150-252

Date Filed 11/20/50

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 _____

Cary Thompson Jr. Student Embalmer No. 384
working under my personal supervision.

Student Cary Thompson Jr.
Student Embalmer

Signed Cary Thompson
Licensed Embalmer No. 3259

P. O. Address Neesho 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.