

No. 300
10. 48

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11403**

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5695 Registrar's No. 48

0580

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning rural		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning rural		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Bessie	b. (Middle) Lee	c. (Last) Schrock	4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 50
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5. SEX fe	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 7, 1895	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? 0
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13a. FATHER'S NAME W. J. Gooch	13b. MOTHER'S MAIDEN NAME Sarah Coughron	14. NAME OF HUSBAND OR WIFE Chester Schrock
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME Chester Schrock	ADDRESS Browning
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 8 days
	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. Obesity		

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)
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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?
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22. I hereby certify that I attended the deceased from Nov 30, 1950, to Dec 6, 1950, that I last saw the deceased alive on Dec 5, 1950, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. M. Miller M.D.	23b. ADDRESS Browning Mo	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE 12-9-50	24c. NAME OF CEMETERY OR CREMATORY Locust Valley Cem	24d. LOCATION (City, town, or county) (State) Browning, rural Mo.
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DATE REC'D BY LOCAL REG. Dec 12/1950	REGISTRAR'S SIGNATURE Elna Crookshank	25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home	ADDRESS Browning, Mo
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Date Received: DEC 18 1950
DISTRICT HEALTH OFFICE
District File Number /a-56
Date Filed: DEC 19 1950

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.