

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5629

|   |                           |  |  |   |  |   |  |  |
|---|---------------------------|--|--|---|--|---|--|--|
| BIRTH NO.   |                           | REG. DIST. NO. 277   |  | PRIMARY REG. DIST. NO. 5949   |  | Registrar's No.   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY Pike   |                           |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before<br>a. STATE Missouri b. COUNTY St. Louis |  |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>Rural   |                           | c. LENGTH OF STAY (In this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis 2109                              |  |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Highway #01 3 miles N. Bowling Green Mo.   |                           |  |  | d. STREET ADDRESS (If rural, give location)<br>Natural Bridge at Spring St.   |  |   |  |  |
| 3. NAME OF DECEASED<br>a. (First) CATHERINE<br>(Type or Print)  |                           |  | b. (Middle) L.                                 |   | c. (Last) NERLICH                                  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>Jan. 11 1951 |  |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married  |  | 8. DATE OF BIRTH<br>May 12 1882   | 9. AGE (In years last birthday)<br>68              | # UNDER 1 YEAR<br>Months  | # UNDER 6 HRS.<br>Hours                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Own home  |  | 11. BIRTHPLACE (State or foreign country)<br>Hannibal, Missouri   |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.  |  |  |
| 13a. FATHER'S NAME<br>Alfred W. Bulkley   |                           |  | 13b. MOTHER'S MAIDEN NAME<br>Catherine Haggert |   | 14. NAME OF HUSBAND OR WIFE<br>Clarence F. Nerlich |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br>NO   |                           | 16. SOCIAL SECURITY NO.<br>None  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Wray Nerlich, 1244 1/2 Park Place, Quincy Ill.                         |  |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Compound fracture right elbow<br>DUE TO (c) old right femur<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br>11<br>6 1/2<br>2 1/2 |  |
| 19a. DATE OF OPERATION<br>None  |                           | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br>accident  |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>Highway 61   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>Bowling Green Pike 082 Mo  |  |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br>Jan 11 1951 6:50 PM  |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br>Automobile accident   |  |   |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <del>alive</del> on Jan 11, 1951, and that death occurred at 6:50 P. m., from the causes and on the date stated above. |                           |  |  |   |  |   |  |  |
| 23a. SIGNATURE<br>J. Q. Mudd 3  |                           |  |  | 23b. ADDRESS<br>Bowling Green Mo.   |  | 23c. DATE SIGNED<br>Jan 12 1951   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 24b. DATE<br>Jan 15 1951   |  | 24c. NAME OF CEMETERY OR CREMATORIAL HOME<br>Mt. Olivet   |  | 24d. LOCATION (City, town, or county) (State)<br>Hannibal, Marion, Mo.              |  |  |
| DATE REC'D BY LOCAL REG.<br>2-5-51  |                           | REGISTRAR'S SIGNATURE<br>Bill Robinson   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>J. Q. Mudd  |  | ADDRESS<br>Home Bowling Green Mo.   |  |  |

08203

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

FEB 20 1951

FEB 16 1951

Date Received: FEB 9 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 2-51-342  
Date Filed: FEB 9 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed

*James C. Mudd*  
Licensed Embalmer No. 4152

P. O. Address *Bowling Green, 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.