

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7380**

FILED APR 13 1951

2013

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

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | | PRIMARY REG. DIST. NO. <u>3000</u> | | Registrar's No. <u>87</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> | | c. LENGTH OF STAY (in this place) <u>6 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u> | | <u>1051</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 S. Mulanix</u> | | | | d. STREET ADDRESS (If rural, give location) <u>No street address</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Rachel</u> | | b. (Middle) <u>Ann</u> | | c. (Last) <u>Detwiler</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1951</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. 19, 1860</u> | |
| 9. AGE (In years last birthday) <u>91</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 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>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Henderson McCollum</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Belzer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charles Detwiler</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Victor Detwiler, 207 S. Mulanix, Kirkville, Mo.</u> | | | |
| 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) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis, Old & New</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prolonged recumbency. Senility</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | | | 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) _____ | | 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>Dec. 24, 1950</u> to <u>March 30, 1951</u> , that I last saw the deceased alive on <u>Mar. 30, 1951</u> , and that death occurred at <u>9 p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Robert N. Clarke, D.O. 2</u> | | | | 23b. ADDRESS <u>Green City, Missouri</u> | | 23c. DATE SIGNED <u>Mar. 31 1951</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 2, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>McCollum Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Linn County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-4-51</u> | | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen E. Kent & Son, Green City, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1951

Date Received: APR 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-690
Date Filed: APR 10 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.