

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u> <u>0580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLarney Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. #1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> b. (Middle) <u>W.</u> c. (Last) <u>Venable</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Jan. 15, 1876</u>
9. AGE (In years last birthday) <u>75</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>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Rothville, Mo.</u> <u>U</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Charles E. Allen</u>	
13b. MOTHER'S MAIDEN NAME <u>Eliza Riddell</u>		14. NAME OF HUSBAND OR WIFE <u>Nathaniel Venable</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Venable, Brookfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Adenoma of Adrenal Glands, lung metastases</u> ANTECEDENT CAUSES <u>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Metastases to Brain & Medulla</u> <u>Adenoma of Adrenals</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes Mellitus</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>195 X</u>	
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>March 10, 1951</u> to <u>May 17, 1951</u> , that I last saw the deceased alive on <u>May 17, 1951</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Roy R. Halcyon, M.D.</u> (Degree optional)		23b. ADDRESS <u>Brookfield, Mo.</u>	23c. DATE SIGNED <u>May 19, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 20, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rothville</u>	24d. LOCATION (City, town, or county) (State) <u>Rothville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>5-21-51</u>	REGISTRAR'S SIGNATURE <u>J. B. Brown</u> <u>167</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>	

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

Date Received: MAY 28 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-57-990
Date Filed: MAY 28 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.....

Harold B. Wright

Signed.....
Student Embalmer

Licensed Embalmer No.....

3718

P. O. Address.....

Brookfield, 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.