No. 300
10.48

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

FILED JAN 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44112

BIRTH NO. 86996 REG. DIST. NO. 2 82 PRIMARY REG. DIST. NO. 4424 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Polk 0840
b. CITY OR TOWN Humansville (township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Dimmitt Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Stockton 0200
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Brenda
b. (Middle) Dean
c. (Last) Fidler

4. DATE OF DEATH (Month) (Day) (Year) 12/23/1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Dec. 21, 1951
9. AGE (In years last birthday) 0 — If under 1 year: Months 0, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Humansville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joe Fidler
13b. MOTHER'S MAIDEN NAME Ruby Dean Tindall
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Joe Fidler, ADDRESS Stockton, Mo.

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) Premature Birth.

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 776x
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/21, 1951, *to* 12/23, 1951, *that I last saw the deceased alive on* 12/23, 1951, *and that death occurred at* 11:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE G. G. Robinson (Degree or title) MD
23b. ADDRESS Humansville Mo
23c. DATE SIGNED 12/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/24/1951
24c. NAME OF CEMETERY OR CREMATORY Lindley Prairie
24d. LOCATION (City, town, or county) Cedar County, Mo. (State)

DATE REC'D BY LOCAL REG. Jan 15, 1952
REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon 258
25. FUNERAL DIRECTOR'S SIGNATURE John A. Carlton, ADDRESS Stockton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Carlson

Licensed Embalmer No. 4387

P. O. Address Houlton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.