

## STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 28 1952

BIRTH NO. ....

REG. DIST. NO. 366

PRIMARY REG. DIST. NO. 6244

Registrar's No. 2

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY Washington				a. STATE Missouri		b. COUNTY Washington			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Cadet, RT.1		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Cadet RT.1 Union Township					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 1100					
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Sophia		c. (Last) Robert			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 12-5-1851			
9. AGE (In years last birthday) 100		IF UNDER 1 YEAR Months 1		IF UNDER 11 HRS. Days 10		10. DATE OF DEATH 1 15 1952			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY own Home			11. BIRTHPLACE (State or foreign country) Richwoods, Mo			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Alexander ReCar		13b. MOTHER'S MAIDEN NAME Josephine Gordia		14. NAME OF HUSBAND OR WIFE Eli Robert, deceased.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Francis Robert Cadet RT.1 Mo			ADDRESS 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u>Aterio-Sclerosis</u>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 7/15, 1949, to 1/15, 1952 that I last saw the deceased alive on 1/15, 1952, and that death occurred at 4:45 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>[Signature]</i>				23b. ADDRESS <i>[Address]</i>				23c. DATE SIGNED <i>[Date]</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-18-1952		24c. NAME OF CEMETERY OR CREMATORY ST. Joachims Cemetary		24d. LOCATION (City, town, or county) (State) Old Mines, Mo			
DATE REC'D BY LOCAL REG. 1/19/52		REGISTRAR'S SIGNATURE <i>[Signature]</i> 403			25. FUNERAL DIRECTOR'S SIGNATURE Smith & Higginbotham, F.H. Potosi, Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 22 1901

WASH. COUNTY HEALTH DEPT

File No. 152-281

**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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi 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.