

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7070**

FILED FEB 19 1952

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| BIRTH NO. _____ | | REG. DIST. NO. <u>360</u> | PRIMARY REG. DIST. NO. <u>3076</u> | Registrar's No. <u>22</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> | | |
| c. LENGTH OF STAY (in this place) <u>4 WKS.</u> | | d. STREET ADDRESS (If rural, give location) <u>307 S. College</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u> b. (Middle) <u>Alvin</u> c. (Last) <u>Rich</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10 1952</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 12, 1880</u> | 9. AGE (In years last birthday) <u>72</u> <input type="checkbox"/> UNDER 1 YEAR <u>0</u> <input type="checkbox"/> UNDER 1 MONTH <u>28</u> <input type="checkbox"/> UNDER 1 WEEK _____ <input type="checkbox"/> _____ |
| 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>Own home</u> | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>Alvin Bassett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Deleena Basset</u> | 14. NAME OF HUSBAND OR WIFE <u>William A. Rich</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>493-16-8980</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>William A. Rich</u> ADDRESS <u>Nevada, 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* (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>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary heart disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Jan 14, 1952</u> <u>3 yrs</u> <u>1946-1952</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</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>Jan. 14, 1952</u> to <u>Feb 10, 1952</u> , that I last saw the deceased alive on <u>Feb. 9, 1952</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>Dr. R. H. W. D.</u> (Degree or title) | | 23b. ADDRESS <u>Nevada, Mo</u> | | 23c. DATE SIGNED <u>2-11-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>2-12-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>2-15-1952</u> | REGISTRAR'S SIGNATURE <u>Uma E. Ferry</u> | 451 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Eichinger Funeral Home</u> ADDRESS <u>Nevada, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

1088

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 Harry E. Monroe

Signed.....
Student Embalmer

Licensed Embalmer No. 4495

P. O. Address Newark, 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.