

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20093

State File No. ....

S. No. 300  
v. 10.48

JUN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 575

0396

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Marion Twp</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ella</u>	b. (Middle) <u>VIRGINIA</u>	c. (Last) <u>DERRICK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>8/25/1867</u>	9. AGE (In years last birthday) if UNDER 1 YEAR Months Days if UNDER 18 Hrs. Mins. <u>84 9 19</u>
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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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ozark Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>S. A.</u>
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13a. FATHER'S NAME <u>Manassa Derrick</u>	13b. MOTHER'S MAIDEN NAME <u>Rhoda Deal</u>	14. NAME OF HUSBAND OR WIFE <u>Marion Bean</u>
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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 <u>Mrs. Inez Bellinger</u>	ADDRESS <u>Harmond Mo</u>
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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, asthma, etc.* It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Shows</u> <u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis, chronic</u> DUE TO (c) <u>Arteriosclerotic heart disease</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left hip</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Open reduction of left hip #200F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 6-8-, 1952, to 6-13-, 1952, that I last saw the deceased alive on 6-13-, 1952, and that death occurred at 7:36P m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. D. O. Med Arts Bldg. Sigal</u>	(Degree or title)	23b. ADDRESS <u>Mo</u>	23c. DATE SIGNED <u>6-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/15/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Luther Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-17-52</u>	REGISTRAR'S SIGNATURE <u>Erith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cheney Funeral Home</u>	ADDRESS <u>Mo</u>
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**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 \_\_\_\_\_

*Chester A. Ross*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3044

P. O. Address *Spinnville, Ind.*

**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.