

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25064**

FILED AUG 1 1952

BIRTH NO. 124 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 3042 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>MADISON 0621</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>FREDERICKTOWN</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>0620 RURAL - ST. MICHAELS TOWNSHIP</u>	
c. LENGTH OF STAY (in this place) <u>3 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. S.W. 2 FREDERICKTOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>712 WALNUT ST.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BIRDIE</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>BOUNDS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 25, 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>WIDOW 2</u>	8. DATE OF BIRTH <u>APRIL 10, 1881</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>71 3 15</u>	IF UNDER 18 YRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MADISON COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CALVIN LONG</u>	13b. MOTHER'S MAIDEN NAME <u>LUCINDA TAYLOR</u>	14. NAME OF HUSBAND OR WIFE <u>(DECEASED)</u>
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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 <u>MRS. B.F. WEAVER, FREDERICKTOWN, MO.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Mellitus</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<u>266X</u>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from 7:15, 1952, to 7:55, 1952, that I last saw the deceased alive on 7:55, 1952, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>LoeBrenner M.D.</u> (Degree or title)	23b. ADDRESS <u>Fredricktown</u>	23c. DATE SIGNED <u>7-25-52</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ANTIOCH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>7-26-1952</u>	REGISTRAR'S SIGNATURE <u>Thorncie Stecker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Delamou</u> ADDRESS <u>FREDERICKTOWN, MO.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
JUL 31 1952

FILE No. 1752-42

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 Valjean Adamson

Licensed Embalmer No. 4347

P. O. Address FREDERICKTOWN, 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.