

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34015

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 124			
1. PLACE OF DEATH a. COUNTY <u>Bernou</u>				2. USUAL RESIDENCE (Where deceased lived. If last year's residence before admission) a. STATE <u>Mo</u>				b. COUNTY <u>Howe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Loop</u>			c. LENGTH OF STAY (In this place) <u>0-11-16</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crane</u>			<u>1045</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 3</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>NOVELINE</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>9-11-52</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept 30-1868</u>		9. AGE (In years last birthday) <u>83</u>	If UNDER 1 YEAR Months <u>11</u>	If UNDER 24 HRS. Days <u>12</u>	
10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jno. Alderson</u>			13b. MOTHER'S MAIDEN NAME <u>Mitta Rogers</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Doct Records</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.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Myocardites</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</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. <u>Sanity - psychoses</u>				<u>4 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</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) m.		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>Sept 26, 1952</u> , to <u>Sept 11, 1952</u> , that I last saw the deceased alive on <u>Sept 10, 1952</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Doct Records</u>				23b. ADDRESS <u>Nevada Mo.</u>			23c. DATE SIGNED <u>9/11/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 13 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Crane Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-29-52</u>		REGISTRAR'S SIGNATURE <u>Anna E. Herrod '51</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Manlove Funeral Home Crane Mo</u>				
					ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

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

Percy F. Milster
4805

Licensed Embalmer No. _____

P. O. Address *Nevada, 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.