. No. 300
. 10-48

FILED DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38470

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 26

461

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

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains Mo
c. LENGTH OF STAY (in this place) 24 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Christa Hogan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cureall 0460
d. STREET ADDRESS (If rural, give location) Mo

3. NAME OF DECEASED (Type or Print) a. (First) Rhoda b. (Middle) Lucinda c. (Last) Endicott

4. DATE OF DEATH (Month) (Day) (Year) 11-29-52

5. SEX F 1

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 1

8. DATE OF BIRTH 9-4-1885

9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months 2 Days 25 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (State or foreign country) Crider, Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wright Hudlow

13b. MOTHER'S MAIDEN NAME Jane Farrantle

14. NAME OF HUSBAND OR WIFE C G Endicott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME Ernie Endicott, Cureall Mo ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Acidosis & Coma — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Diabetes Mellitus, Uncontrolled — 5 years

DUE TO (c) Diabetic Gangrene, Right foot — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

260 X

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 29, 1952, *to* Nov 29, 1952, *that I last saw the deceased alive on* Nov 29, 1952 *and that death occurred at* 8:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Jack N. Wiles, M.D.

23b. ADDRESS West Plains, Mo.

23c. DATE SIGNED 12-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) B

24b. DATE 12/1-52

24c. NAME OF CEMETERY OR CREMATORY Cureall

24d. LOCATION (City, town, or county) (State) Cureall Mo

DATE REC'D BY LOCAL REG. 12-10-52

REGISTRAR'S SIGNATURE Beatrice Cook 379

25. FUNERAL DIRECTOR'S SIGNATURE Robertson West Plains Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 D D Roberts

Licensed Embalmer No. 3437

P. O. Address West Plains Y

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.