

FILED DEC 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41285

State File No.

1030

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6148 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Castor</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Castor</u> <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>		d. STREET ADDRESS (If rural, give location) <u>Bloomfield, Mo. Route # 2.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILDRED</u> b. (Middle) <u>I. SCISM</u> c. (Last) <u>GREER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Mar. 16, 1865</u>
9. AGE (In years) (less birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u>	IF UNDER 1 YEAR Hours <u>4</u> Mins. _____
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>----</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ripley co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>David S. Kelley</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Todd</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. C. Scism, Bloomfield, Mo. R. # 2.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES <u>Hypertensive and arteriosclerotic vascular disease</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Rheumatoid arthritis, severe</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>		Unknown	
19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331 X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>-</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>	
22. I hereby certify that I attended the deceased from <u>8/15/52</u> , 19 <u>52</u> , to <u>11/6/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11/6/52</u> , 19 <u>52</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Daniel B. Arst</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Bloomfield, Mo</u>	
23c. DATE SIGNED <u>11/29/52</u>		23d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 23, 52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>North Antioch</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 3, 1952</u>		REGISTRAR'S SIGNATURE <u>Rose Webber</u> <u>3515</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO. Bloomfield, Mo.</u>		ADDRESS <u>CHILES UND. CO. Bloomfield, Mo.</u>	

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, & by Mrs. Lu

Cooper # 3499

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.