T.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

62

State File No.

FILED JAN 24 1953

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Savannah
c. LENGTH OF STAY (In this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Kansas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Girard 8150
d. STREET ADDRESS (If rural, give location): 112 N Carbon

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle):
c. (Last): Fowler

4. DATE OF DEATH (Month) (Day) (Year): JAN. 16 1953

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 1st 1869 1883
9. AGE (In years last birthday): 83 — If under 1 year: Months 7, Days 15, 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 (City and State or Foreign Country): Kansas
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: Jerry McDonald
13b. MOTHER'S MAIDEN NAME: Lydia Heck
14. NAME OF HUSBAND OR WIFE:
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.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. E. O. Symes
ADDRESS: 1018 Main Savannah Mo.

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 20 Hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — ?
DUE TO (c) 331X

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:
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* Dec 5, 1952, *to* JAN 16, 1953, *that I last saw the deceased alive on* JAN. 16, 1953, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clifford L Hindley (Degree or title) DO
23b. ADDRESS: 8011 Francis St. Joseph Mo.
23c. DATE SIGNED: 1/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-17-53
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Girard Kansas

DATE REC'D BY LOCAL REG.: 1-17-53
REGISTRAR'S SIGNATURE: Lillian Gault
25. FUNERAL DIRECTOR'S SIGNATURE: Breit Funeral Home
ADDRESS: Savannah Mo

(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 Mary R. Breit

Licensed Embalmer No. 3068

P. O. Address Savannah Ms

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.