

FILED FEB 16 1953

STANDARD CERTIFICATE OF DEATH

State File No. 8482

350
783

PRIMARY REG. DIST. NO. 4296

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) Browning		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Browning		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Bertha		b. (Middle) Irene		c. (Last) Biddle		4. DATE OF DEATH (Month) 2 (Day) 1 (Year) 53	
5. SEX f	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1-26-1875		9. AGE (in years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Thomas B. Mundell			13b. MOTHER'S MAIDEN NAME Mary Moffitt			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 ADDRESS Mrs. John Gooch Browning, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus 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. Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		174X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Nov 28, 1952 to Jan 31, 1953 , that I last saw the deceased alive on Jan 31, 1953 , and that death occurred at 1:50A m., from the causes and on the date stated above.							
23a. SIGNATURE Howard Carter MD				23b. ADDRESS Browning, MO		23c. DATE SIGNED Feb 2 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-5-53		24c. NAME OF CEMETERY OR CREMATORY Locust Valley		24d. LOCATION (City, town, or county) (State) Wade Funeral Home Browning	
DATE REC'D BY LOCAL REG. Feb 11 1953		REGISTRAR'S SIGNATURE Elva Crookshanks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wade Funeral Home Browning, Mo.			

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

1050

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Herald I. Wade

Signed
Student Embalmer

Licensed Embalmer No. 4172

P. O. Address Brownsville

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.