

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAY 5 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 153

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edwards</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Harmonymus</u>	
c. LENGTH OF STAY (In this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>Near Palmer 9100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>201 Hyde St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Etta</u> c. (Last) <u>William</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>Nov. 15 1909</u>
9. AGE (In years last birthday) <u>43</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.G.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Caledonia Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.G.</u>	

13a. FATHER'S NAME <u>Frank Hull</u>	13b. MOTHER'S MAIDEN NAME <u>Augusta Tullaa</u>	14. NAME OF HUSBAND OR WIFE <u>Harry William Belgrade</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry William Belgrade</u>
		ADDRESS <u>Patton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of kidney</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) _____		
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 <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) <u>016X</u>
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 July 1, 1952, to April 26, 1953, that I last saw the deceased alive on Mar. 6, 1953, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph L. Florman</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Patton, Mo.</u>	23c. DATE SIGNED <u>4-27-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Joseph Channel Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 27, 1953</u>	REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Spahr</u>	ADDRESS <u>Patton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1958

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 *Donald L. Roberts*

Licensed Embalmer No. *4722*

P. O. Address *Peter 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.