

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 22 1953

BIRTH NO.		REG. DIST. NO. <u>742</u>	PRIMARY REG. DIST. NO. <u>4362</u>	Registrar's No. <u>8</u>
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse</u>		
c. LENGTH OF STAY (in this place) <u>30</u>		d. STREET ADDRESS (If rural, give location) <u>0721/0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbara</u>		b. (Middle)		c. (Last) <u>Case</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 53</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 <u>Oct. 1, 1889</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>07</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u>
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>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kindmudy, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13a. FATHER'S NAME <u>Peter Biefer</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Ninnigar</u>		14. NAME OF HUSBAND OR WIFE <u>Sam H. Case</u>
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 <u>Sam Case Morehouse, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u> <u>15 1/2</u> <u>40</u> <u>67 1/2</u> <u>75</u>
ANTECEDENT CAUSES Morbidity 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.		_____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>		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)
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 <u>Apr 15, 1951</u> to <u>6-12-1953</u> that I last saw the deceased alive on <u>6-12</u> , 19 <u>53</u> and that death occurred at <u>3:30</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>632 N. 6th St. Morehouse, Mo.</u>		23c. DATE SIGNED <u>6-15-53</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6.14.53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Triplett Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Dexter Mo. R. 1. Mo.</u>				
DATE REC'D BY LOCAL REG. <u>6/20-53</u>		REGISTRAR'S SIGNATURE <u>Thomas M. Sheeters</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Service, Dexter, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Walter Marsh Walter

Licensed Embalmer No.

4717

P. O. Address

Payton Ave

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.