

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

D. Potter 5379
State File No.

No. 300
10.48

FILED FEB 23 1954

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5690 Registrar's No. 361

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Bathern</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Bathern</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	
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3. NAME OF DECEASED a. (First) <u>IDA</u> b. (Middle) <u>MAY</u> c. (Last) <u>MC BRIDE</u> (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 11 - 1954</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan - 26 - 1881</u>	9. AGE (In years) (If under 1 year, last birthday) (Months) (Days) (Hours) (Mins.) <u>73 0 15</u>
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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	11. BIRTHPLACE (City and State or Foreign Country) <u>Bolony Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Purdy</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Yates</u>	13c. NAME OF HUSBAND OR WIFE <u>Wm. Mc Bride</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. Mc-Bride St Bathern Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatism arthritis</u> 4 yrs. DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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>724 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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 _____
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22. I hereby certify that I attended the deceased from 5-12, 1952, to 2-11, 1954, that I last saw the deceased alive on 2-11, 1954, and that death occurred at 10:30P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Potter</u>	23b. ADDRESS <u>12 Brookfield mo</u>	23c. DATE SIGNED <u>2-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old New Garden</u>	24d. LOCATION (City, town, or county) (State) <u>Linn Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-15-54</u>	REGISTRAR'S SIGNATURE <u>Nadine Hancock</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. H. Blacklock Brookfield Mo</u>
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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 *J. L. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.