

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22659

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 5451		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wilson Twp		c. LENGTH OF STAY (in this place) 80 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gentry North west 7 miles			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS 11 11 11 0380			
3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Mary Elizabeth b. (Middle) Bremer c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) July 21 1954				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 10 1870	
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farm wife		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Tom Corbett		13b. MOTHER'S MAIDEN NAME Hanna Colligan		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) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Bertha Bremer Gentry		ADDRESS 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yr	
		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. Nephritis				3 yr	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 1951 , 19____, to July 21, 1954 that I last saw the deceased alive on July 20, 1954 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. L. Milligan M.D.				23b. ADDRESS Staubers Mo		23c. DATE SIGNED 7-22-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/23/54		24c. NAME OF CEMETERY OR CREMATORY Dolores Cemetery		24d. LOCATION (City, town, or county) (State) N. W. Gentry 7 miles Mo.	
DATE REC'D BY LOCAL REG. July 24-54		REGISTRAR'S SIGNATURE Maudie Williams		462 25. FUNERAL DIRECTOR'S SIGNATURE Leroy G. Phillips		ADDRESS Staubers Mo	

(Licensed Embalmer's Statement on Reverse Side)

MO

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

Robert W. ...

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.