

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30194**

FILED OCT 3 1950

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY-REG. DIST. NO. **55.13** Registrar's No. **33**

420
1

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

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) Rural Lewisville Twp		c. LENGTH OF STAY (in this place) 50 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Rural Lewisville Twp		TOWN 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Lewisville Twp			d. STREET ADDRESS (If rural, give location) Lewisville Twp		

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Virginia c. (Last) Deatherage			4. DATE OF DEATH (Month) (Day) (Year) 9 - 25 - 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-29-1860	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Faulkner Smith		13b. MOTHER'S MAIDEN NAME Mary Ann Handy		14. NAME OF HUSBAND OR WIFE —			
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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. ✓		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nannie Duval				ADDRESS Brownington Mo	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE						INTERVAL BETWEEN ONSET AND DEATH 4 DAYS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION						10+ YR.	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						331x	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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 **21 Sept., 1950** to **21 Sept., 1950**, that I last saw the deceased alive on **21 Sept., 1950**, and that death occurred at **9:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD		23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 26 Sept. 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rural		24b. DATE 9-27-1950	24c. NAME OF CEMETERY OR CREMATORY Good Hope cemetery		24d. LOCATION (City, town, or county) (State) Henry Co Mo	
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DATE RECD BY LOCAL REG Sept 26-1950		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Adair & Dunning		ADDRESS Clinton Mo	
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RECEIVED ^{10/2/50}
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10-2-50

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 Robert J. Dunning

Licensed Embalmer No. 4210

P. O. Address Clinton md

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.