

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21927**

No. 300
10.48

FILED AUG 8 - 1955

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4215** Registrar's No. **32**

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

1. PLACE OF DEATH a. COUNTY Henry b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brownington c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brownington d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Nancy Kathryn Bilderback a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH July 30, 1955 (Month) (Day) (Year)	
5. SEX Female 6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Nov. 22, 1867 (Month) (Day) (Year)		9. AGE (In years last birthday) 87 IF UNDER 1 YEAR: Months 8 Days 8 IF UNDER 1 HR. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and State or Foreign Country) Brownington R, F, D, Mo		12. CITIZEN OF WHAT COUNTRY? U, S, A,	
13a. FATHER'S NAME H, H, Stewart		13b. MOTHER'S MAIDEN NAME Rebecca Curd	
14. NAME OF HUSBAND OR WIFE Widow			
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. no	
17. INFORMANT'S SIGNATURE OR NAME Ada Stafford		ADDRESS Brownington Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Rheumatoid Arthritis. DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7220	
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)		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>June 2, 1955</u>, to <u>July 30, 1955</u>, that I last saw the deceased alive on <u>July 30, 1955</u>, and that death occurred at <u>2 P. m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. O. Deepwater, M.D.		23b. ADDRESS Deepwater, Mo.	
23c. DATE SIGNED 7-31-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 1st	
24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery		24d. LOCATION (City, town, or county) (State) Brownington Mo	
DATE REC'D BY LOCAL REG. 7-31-55		REGISTRAR'S SIGNATURE Florence Adair	
25. FUNERAL DIRECTOR'S SIGNATURE Tom Stuart		ADDRESS Deepwater, Mo.	

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 *[Handwritten Signature]* _____

Licensed Embalmer No. *2782* _____

P. O. Address *[Handwritten Address]* _____

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.