

FILED APR 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 9172

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>3042</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Fredericktown</u>		c. LENGTH OF STAY (In this place) <u>5 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>		d. STREET ADDRESS (If rural, give location) <u>406 Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 Marshall St.</u>				d. STREET ADDRESS (If rural, give location) <u>406 Marshall</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Huldah</u> b. (Middle) <u>Maranda</u> c. (Last) <u>Bellah</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1949</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 13 1862</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Gallatin County, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ruben Bellah</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Cook</u>		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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles G. Bellah</u>		ADDRESS <u>Fredericktown, 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>Cirrhosis of liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>60 months</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>				30.4905			
DUE TO (c)				Several years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Constipation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H&O</u>					
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) (Min.)		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>3/12, 1949</u> , to <u>March 26, 1949</u> , that I last saw the deceased alive on <u>March 26, 1949</u> , and that death occurred at <u>3:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Harry Barron M.D.</u> (Degree or title)				23b. ADDRESS <u>Fredericktown Mo</u>		23c. DATE SIGNED <u>3/27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 27, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marcus Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-8-1949</u>		REGISTRAR'S SIGNATURE <u>Thornice Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Dajin, Jr.</u>		ADDRESS <u>Fredericktown, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300

RECEIVED

With Officer No. 4
Number 449-
4-13

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 Sam Sajin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md.

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.