

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 FILED MAY 11 1949 STANDARD CERTIFICATE OF DEATH

14536

State File No.

BIRTH NO. _____ REG. DIST. NO. B23 PRIMARY REG. DIST. NO. 4476 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dawning</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dawning</u>	
c. LENGTH OF STAY (In this place) <u>all life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marilla</u> b. (Middle) <u>Jane</u> c. (Last) <u>Rife</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1949</u>
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>April 15, 1862</u>
9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>	IF UNDER 2 HRS. Hours <u></u> Mins. <u></u>	
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 (State or foreign country) <u>Scotland Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John D. Slavin</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Prime</u>	14. NAME OF HUSBAND OR WIFE <u>Francis Rife</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. M. G. Kirkland, Hammond</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	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) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>No accident</u>	
22. I hereby certify that I attended the deceased from <u>April 13, 1949</u> to <u>April 14, 1949</u> , that I last saw the deceased alive on <u>April 12, 1949</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. E. Gerwig M.D.</u>		23b. ADDRESS <u>Dawning Mo.</u>	23c. DATE SIGNED <u>4/21-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 24, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dawning Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dawning Mo.</u>
DATE REC'D BY LOCAL REG. <u>Apr. 25, 49</u>	REGISTRAR'S SIGNATURE <u>Mrs. B. J. Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Loyd Moore Dawning Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

District Health Officer No. _____

District File Number 5-49-8

Date Filed MAY 10 1949

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd Moore

Licensed Embalmer No. 3157

P. O. Address Downing 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.