V.S. No. 300
Rev. 10-48

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

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5263

State File No. 15233

BIRTH NO. Nov 4 - 1882 REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 6268 Registrar's No. 19

1. PLACE OF DEATH.
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rogersville, Rural Linden Twp.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rogersville, Rural Linden Twp.
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Jane
c. (Last): Barnard

4. DATE OF DEATH (Month) (Day) (Year): May 3 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 4, 1882
9. AGE (In years last birthday): 66 — If under 1 year: Months 5 Days 29 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Christian Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Sigle Patton
13b. MOTHER'S MAIDEN NAME: Minerva Roller.
14. NAME OF HUSBAND OR WIFE: Ruben

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Alice Watts
ADDRESS: Rogersville Mo R#1

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.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Arterio sclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: No operations
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1949, *to* May 3, 1949, *that I last saw the deceased alive on* May 1, 1949 *and that death occurred at* 1-30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. R. Schultz (Degree or title) D.O.
23b. ADDRESS: Fordland, Mo.
23c. DATE SIGNED: 5/13/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 4
24c. NAME OF CEMETERY OR CREMATORY: Roller
24d. LOCATION (City, town, or county) (State): Rogersville, Mo. Rural

DATE REC'D BY LOCAL REG.: May 31-49
REGISTRAR'S SIGNATURE: Lillie Barr
25. FUNERAL DIRECTOR'S SIGNATURE: Kelley-Ferrell-Bergman
ADDRESS: Rogersville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 649-637
Date Filed 6-3-49

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.

Signed K. K. Kelley

Signed ..... Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fairdale Ky.

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.