

FILED JUL 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 18554
 BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5043 Registrar's No. 48

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Barry</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Barry</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seligman</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seligman</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION.			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Eliza</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Roller</u>	(Month) <u>6</u>	(Day) <u>18</u>	(Year) <u>1949</u>
(Type or Print)					

5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Aug. 5, 1866</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR	IF UNDER 2 HRS.
								Months		Days	Hours

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>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Henry Birkes</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Trent</u>		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lloyd Weaver-Cassville, Mo</u>		ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac decompensation</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis and hypertension</u> DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4221</u>			

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)		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) m.		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 June 5, 1949, to June 18, 1949, that I last saw the deceased alive on June 8, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mary Northcott, M.D.</u>		23b. ADDRESS <u>Cassville, Mo.</u>		23c. DATE SIGNED <u>6-28-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-21-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seligman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Seligman, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>July 2-1949</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. E. Cudde</u>		ADDRESS <u>Cassville</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 149-152

Date Filed 7-5-49

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.

Student.....

Student Embalmer

Signed

G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Culver

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.