No. 300
10.48

FILED JUL 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23272

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 15

47
0
0

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arcadia
c. LENGTH OF STAY (in this place): 5 yrs-3 mos-20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Home for Aged Baptists

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arcadia
d. STREET ADDRESS (If rural, give location): 1½ Miles East on Highway 70

3. NAME OF DECEASED (Type or Print)
a. (First) Nellie b. (Middle) English c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): July 21, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 10, 1866
9. AGE (In years last birthday): 83 — 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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: her home
11. BIRTHPLACE (State or foreign country): Prescott, Ontario, Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Daniel Grant
13b. MOTHER'S MAIDEN NAME: Helen Fallen
14. NAME OF HUSBAND OR WIFE: John ~~Grant~~ English

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 / ADDRESS: Jno H. Busney

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	acute bilateral bronchial pneumonia	1 day
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	chronic myocarditis	?
DUE TO (c)	Chronic arthritis	?
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	arms and legs Senility	?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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): 725X

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* 7-1, 1949, *to* 7-21, 1949, *that I last saw the deceased alive on* 7-21, 1949, *and that death occurred at* 10:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. R. E. Harland M.D.
23b. ADDRESS: 118 N. Main St. Ironton, Mo
23c. DATE SIGNED: 7-22-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial-49
24b. DATE: 7-22-49
24c. NAME OF CEMETERY OR CREMATORY: Baptist Home
24d. LOCATION (City, town, or county) (State): Ironton Iron Mo

DATE REC'D BY LOCAL REG.: July 26-49
REGISTRAR'S SIGNATURE: Mrs Avis Jones 128 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: White Funeral Home, Ironton Mo. R. T. White

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-28-49

District Health Officer No. 4

District File Number 749-1010

Date Filed

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 Lucel J. White

Signed .....
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Houston

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.