

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

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Stancher

FILED OCT 26 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **34398**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbina</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		102	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>10</b>	

3. NAME OF DECEASED (Type or Print) <b>Nona Martha Furnish</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 10, 1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>August 3, 1876</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>7</b>	
IF UNDER 1 YEAR Hours <b></b> Min. <b></b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS* OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Shelby County Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>No record</b>		13b. MOTHER'S MAIDEN NAME <b>No record</b>		14. NAME OF HUSBAND OR WIFE <b>James A. Furnish</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>R H Wailez</b>	
				ADDRESS <b>Shelbina Missouri</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension + atherosclerosis</b>			DUE TO (b) <b>?</b>	
		DUE TO (c) <b></b>			DUE TO (c) <b>?</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			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 Oct 7, 1949, to Oct 10, 1949, that I last saw the deceased alive on Oct 10, 1949, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>Hannibal Mo</b>		23c. DATE SIGNED <b>Oct 12-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10/10/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Shelbina Missouri</b>	
24d. LOCATION (City, town, or county) (State) <b>Shelbina Missouri</b>					

DATE REC'D BY LOCAL REG. <b>10-12-49</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke Deputy</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Hays Funeral Home</b>	
				ADDRESS <b>Shelbina Missouri</b>	

RECEIVED OCT 22 1949  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 25 1949

NOV 8 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Jack Hayes

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3699

P. O. Address Shelbina Missouri

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.