

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5295

State File No. _____

FILED FEB 20 1950

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5652 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milker Greene</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milker R.R. Greene</u>	
c. LENGTH OF STAY (in this place) <u>active</u>		d. STREET ADDRESS (If rural, give location) <u>0550</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ettie</u> c. (Last) <u>Rudrik</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-19-1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>6-24-1875</u>	9. AGE (In years last birthday) <u>74</u>	10. F UNDER 1 YEAR <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>W.H. Merrick</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Gambill</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased 18%</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ester Myers Milker Mo.</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, 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) <u>mitral Stenosis</u>		ANTECEDENT CAUSES				
DUE TO (b) _____		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>470A</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8-15-1949, to 1-19-1950, that I last saw the deceased alive on 1-19-1950, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. S. Barbrey M.D.</u>		23b. ADDRESS <u>Milker Mo.</u>		23c. DATE SIGNED <u>2-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-22-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seymore</u>	
24d. LOCATION (City, town, or county) (State) <u>N.E. Milker Mo.</u>					

DATE REC'D BY LOCAL REG. <u>1-28-50</u>		REGISTRAR'S SIGNATURE <u>W. S. Barbrey</u>		158 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. R. Senior Milker Mo.</u>	
--	--	---	--	--	--

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

550
1

RECEIVED FEB. 18 1950
District Health Office No. 6,
District File Number 250-231
Date Filed 2-18-50

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 J. R. Lerman

Licensed Embalmer No. 3297

P. O. Address Miller 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.