

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10097

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Farmington</u> c. LENGTH OF STAY (In this place) <u>1 Mo. 24 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bell City</u> <u>1020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 4.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTIE</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>SHRUM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 15-1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar. 1-1903</u>	9. AGE (In years last birthday) <u>47</u>	# UNDER 1 YEAR Months <u>-</u>	# UNDER 1 YEAR Days <u>14</u>	# UNDER 1 YEAR Hours <u></u>	# UNDER 1 YEAR Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (State or foreign country) <u>Bell City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Marion Shrum.</u>	13b. MOTHER'S MAIDEN NAME <u>Isabelle Asherbrand</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marion Shrum, Bell City, Missouri</u>	ADDRESS <u>Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion - - - instantaneously.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis - - - - -</u> DUE TO (c) <u></u>		<u>Abt. 1 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental deficiency.</u>		<u>4201</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) (Min.)	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 Feb. 11, 1950, to March 15, 1950, that I last saw the deceased alive on March 15, 1950, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>John L. Bremer, M.D.</u>	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>3-23-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 17, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 25, 1950</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO.</u>	ADDRESS <u>Bloomfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

770
2

RECEIVED

APR 3 1950

DISTRICT HEALTH OFFICE No

File No. Y 50-49

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, ^X by Lulu

Cooper # 3499

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Joan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.