.S. No. 300
EV. 10.48

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12071

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 433

0117

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

1. PLACE OF DEATH
a. COUNTY: ~~MO. METH.~~ BUCHANAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. JOSEPH
c. LENGTH OF STAY (in this place): 10
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MO. METH. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: GENTRY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KING CITY, MO.
d. STREET ADDRESS (If rural, give location): 6380 1

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle): IRENE
c. (Last): TEMPLETON

4. DATE OF DEATH (Month) (Day) (Year): APRIL 6, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: FEB. 4, ~~1878~~ 1877
9. AGE (In years last birthday): 73 ~~72~~
IF UNDER 1 YEAR: Months 2, Days 2
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: HOME
11. BIRTHPLACE (State or foreign country): ANDREW CO. MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES WATTS
13b. MOTHER'S MAIDEN NAME: ~~ELLA~~ ELLEN DEAN
14. NAME OF HUSBAND OR WIFE: CARL TEMPLETON

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.: 497-32-2614
17. INFORMANT'S SIGNATURE OR NAME: Cecil D. Templeton, ADDRESS: Route 4 St. Joseph Mo.

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.

CORR. BY AR APR 19 1950 HC 5 1020

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Abdominal tumor (Type unknown) — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
229X

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)
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* 3-26, 1950, *to* 4-6, 1950, *that I last saw the deceased alive on* 4-5-, 1950, *and that death occurred at* 9:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] O.M.
23b. ADDRESS: 420 N 8th St. Joseph Mo.
23c. DATE SIGNED: 4-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-8-50
24c. NAME OF CEMETERY OR CREMATORY: Union Star, Mo.
24d. LOCATION (City, town, or county) (State): Union Star, Mo

DATE REC'D BY LOCAL REG.: April 6, 1950
REGISTRAR'S SIGNATURE: E. C. Jenkins 382 0
25. FUNERAL DIRECTOR'S SIGNATURE: R. T. Maggart King City Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

APR 20 1950

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Buch. }

State File No. 12071

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 433

On this 18 day of April, 1950, before me appears Cecil D. Templeton, who, upon his oath, states that the original record of ~~birth~~ death for Bertha Irene Templeton, ~~born~~ died April 6, 1950, in the State of Missouri, and which was filed at St. Joseph Mo on 4-6, 1950, should be corrected as follows:

Item No. 8 should read Feb 4, 1877
Instead of Feb 4, 1878

Item No. 13 B should read ELLEN DEAN
Instead of ELLA "

Item No. 9 should read 73 yrs
Instead of 72 yrs

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Cecil D Templeton Son
Relationship.

RR #4, St. Joseph Mo
Present Address.

Subscribed and sworn to before me this 18 day of April, 1950

My Commission Expires April 24, 1953

E. E. Jenkins Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1—4-43
P1 X38667