

THE DIVISION OF HEALTH OF MISSOURI
FILED JUN 21 1950 STANDARD CERTIFICATE OF DEATH

19250

State File No.

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5023 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Clay Twsp)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Twsp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS <u>none</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Anna</u> c. (Last) <u>Fredde</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 13 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12/17/1864</u>
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR <u>5</u> Days	IF UNDER 2 HRS. <u>26</u> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Atchison County, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>Am</u>		13a. FATHER'S NAME <u>Sylvester Hall</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Horn</u>		14. NAME OF HUSBAND OR WIFE <u>Wm.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE-OR NAME <u>Harry V. Fredde</u> ADDRESS <u>Rock Port, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Serility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>6:20</u>	
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 <u>Jan</u> , 19 <u>50</u> , to <u>June</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 13th 1950</u> , and that death occurred at <u>6 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. G. Reister, M.D.</u>		23b. ADDRESS <u>Rock Port, Mo.</u>	23c. DATE SIGNED <u>6/13/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/15/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highcreek Cem</u>	24d. LOCATION (City, town, or County) (State) <u>Watson, Missouri</u>
DATE REC'D BY LOCAL REG. <u>6-15-50</u>	REGISTRAR'S SIGNATURE <u>Betty Crabtree</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARTHOLOMEW MORTUARY</u> ADDRESS <u>ROCKPORT, MO.</u>	

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

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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

Guy Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.