

19837

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3019 State File No. 75

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett Mo</u>	c. LENGTH OF STAY (In this place) <u>65 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett 1350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rt # 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NAOMA</u> b. (Middle) <u>ADDLINE</u> c. (Last) <u>RATHER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-17-1950</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>Married</u>	8. DATE OF BIRTH <u>11-19-1871</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u> IF UNDER 4 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Naoma Addline Rather</u>	ADDRESS <u>Kennett Mo. Rt # 3</u>
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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) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>5 years approx.</u> <u>442X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular Renal</u> DUE TO (c) <u>disease</u>		
	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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to 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 mar, 1947, to June 17, 1950, that I last saw the deceased alive on June 17, 1950 and that death occurred at 9:55 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chester R. Peck M.D.</u>	23b. ADDRESS <u>115 St. Francis Kennett Mo.</u>	23c. DATE SIGNED <u>June 20</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1)</u>	24b. DATE <u>6-19-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-20-50</u>	REGISTRAR'S SIGNATURE <u>Earl Husband</u>	90	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.T. Emerson Jonesboro</u>	ADDRESS <u>Oak</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

357

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 6-22-50

COUNTY FILE NUMBER 650-183

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 W. T. Emerson

Licensed Embalmer No. 9412

P. O. Address Janeshorn

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.