S. No. 300
v. 10.48

0204

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

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37961

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 360

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 606 E. Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia 0804
d. STREET ADDRESS (If rural, give location) 606 E. Broadway

3. NAME OF DECEASED (Type or Print)
a. (First) NANNIE
b. (Middle) Bell
c. (Last) Wood

4. DATE OF DEATH (Month) Nov. (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Oct-1-1868
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR: Months 1, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Larue Co. Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lewis Brashear
13b. MOTHER'S MAIDEN NAME Cordelia Rider
14. NAME OF HUSBAND OR WIFE Chastine Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME C. R. Wood — ADDRESS Knob Noster 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral haemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis, advanced

DUE TO (c)

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

331X

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~~ VIEWED the deceased ~~from~~ as Coroner, ~~19~~, ~~that I last saw the deceased alive on~~ ~~, 19~~; and that death occurred at 10:00 P m., from the causes and on the date stated above.*

23a. SIGNATURE Chas Borden Stemfuehler (Degree or title) MD
23b. ADDRESS Coroner Pettis Co.
23c. DATE SIGNED 11-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-14-50
24c. NAME OF CEMETERY OR CREMATORY Dresden cemetery
24d. LOCATION (City, town, or county) Dresden (State) Mo

DATE REC'D BY LOCAL REG. 11-14-50
REGISTRAR'S SIGNATURE C. Campbell M.D. Registrar
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros.
ADDRESS Sedalia

(Licensed Embalmer) (See Statement on Reverse Side)

RECEIVED 11-20-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11-20-50

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 R. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.