

3. No. 300  
 v. 10-18

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **4164**

0242

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

BIRTH NO. _____		REG. DIST. NO. <b>71</b>		PRIMARY REG. DIST. NO. <b>3012</b>		Registrar's No. <b>39</b>		
<b>I. PLACE OF DEATH</b> a. COUNTY <b>clay</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs</b> c. LENGTH OF STAY (in this place) <b>22 yrs</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>606 North Main</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>clay</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs</b> d. STREET ADDRESS (If rural, give location) <b>606 North Main</b>				
<b>3. NAME OF DECEASED</b> a. (First) <b>ARDELLA</b> (Type or Print) b. (Middle) _____ c. (Last) <b>BOSTIC</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 26, 1951</b>					
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>Negro</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>		<b>8. DATE OF BIRTH</b> <b>10-26-1900</b>		
<b>9. AGE</b> (In years last birthday) <b>50</b> If under 1 year: Months _____ Days _____ If under 6 mos: Hours _____ Min. _____		<b>10a. USUAL OCCUPATION</b> (Type kind of work done during most of working life, even if retired) <b>Housewife</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Housekeeping</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>George Brankan</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Fannie Arnold</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>George Bostic</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>George Bostic, 606 N. Main, Excelsior Springs, Mo.</b>				
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Bronchial pneumonia</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Asthma</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>				
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>				
<b>22. I hereby certify that I attended the deceased from <u>2/25/51</u>, 19<u>51</u>, to <u>2/26/51</u>, 19<u>51</u>, that I last saw the deceased alive on <u>2/26/51</u>, 19<u>51</u>, and that death occurred at <u>1:45 P.M.</u>, from the causes and on the date stated above.</b>								
<b>23a. SIGNATURE</b> <b>Dr. M. D. Cricken</b> (Degree or title)				<b>23b. ADDRESS</b> <b>Excelsior Springs, Mo.</b>		<b>23c. DATE SIGNED</b> <b>2/28/51</b>		
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>2-1-51</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Jefferson City Cemetery</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>Jefferson City, Mo.</b>		
<b>DATE REC'D BY LOCAL REG.</b> <b>3/1/51</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Caroline Hutchings</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS: <b>Clair Richard, Excelsior Springs, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)



JAN 5 1954

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Lindee K. Jassman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, 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.