

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40588

State File No.

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 4020 Registrar's No. 187

040

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martinsburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martinsburg	
c. LENGTH OF STAY (in this place) 65 years		d. STREET ADDRESS (If rural, give location) no street address	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION no street			

3. NAME OF DECEASED (Type or Print)	a. (First) NELLIE	b. (Middle) ALICE	c. (Last) FRIEDMAN	4. DATE OF DEATH (Month) (Day) (Year) Dec. 25 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 21 1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 9 Days 4	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (State or foreign country) Jerseyville Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Gilbert A. Burwell	13b. MOTHER'S MAIDEN NAME Elmina Derby	14. NAME OF HUSBAND OR WIFE Deceased
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Vera Friedman Jones, City Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH two years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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 4341	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., in 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)	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 ~~1942~~ **1942** to **Dec 24, 1951**, that I last saw the deceased alive on **12/27/51, 1951**, and that death occurred at **4 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Describe or title) Willis St. Walla Do R?	23b. ADDRESS Wellsville Mo.	23c. DATE SIGNED 12/29/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/27/51	24c. NAME OF CEMETERY OR CREMATORY Wellsville City Cem.	24d. LOCATION (City, town, or county) (State) Wellsville Missouri
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DATE REC'D BY LOCAL REG. Dec 29-1951	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE H. B. Kell	ADDRESS Wellsville Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-21-1958
1958

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 *A. B. Kells*

Licensed Embalmer No. *1588*

P. O. Address *Kellerville, 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.