

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6083 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Nelson</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Nelson</i>	
c. LENGTH OF STAY (in this place) <i>62 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>Home</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Annie</i> b. (Middle) <i>Bartee</i> c. (Last) <i>Bruener</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 5-52</i>		
5. SEX <i>F. 3</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	
8. DATE OF BIRTH <i>March 20 - unknown</i>		9. AGE (In years last birthday) <i>known</i>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <i>known</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper at home</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Edinburg Bartee</i>		13b. MOTHER'S MAIDEN NAME <i>Fannie Unknown</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Gertrude Murphy Nelson</i>		ADDRESS <i>Nelson Mo</i>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Apoplexy</i>		INTERVAL BETWEEN ONSET AND DEATH <i>few hours</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis, acute</i>		Don't know.	
		DUE TO (c) <i>Acute Gastritis</i>		about 48 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>334X</i>	
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 *April 5th, 1952* to *April 5th, 1952* that I last saw the deceased alive on *April 5th, 1952*, and that death occurred at *ca. 2:50 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Waite H. Madison</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Marshall, Mo.</i>		23c. DATE SIGNED <i>4/9/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4/9/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Nelson Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Saline County, Mo.</i>		DATE REC'D BY LOCAL REG. <i>April, 11, 52</i>		REGISTRAR'S SIGNATURE <i>Sidney T. Gray</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Raymond A. Marshall</i>		ADDRESS <i>Marshall, Mo.</i>			

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

70
1

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 _____

Licensed Embalmer No. 4220

P. O. Address Wash DC

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.