

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29654

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>2014</u>		Registrar's No. <u>64</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		c. LENGTH OF STAY (in this place) township) <u>50 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		d. STREET ADDRESS (If rural, give location) <u>311 Arthur St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>311 Arthur St.</u>				d. STREET ADDRESS (If rural, give location) <u>311 Arthur St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u>			b. (Middle) <u>Jane</u>			c. (Last) <u>Fromen</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11-49</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			8. DATE OF BIRTH <u>Jan. 6-1862</u>			9. AGE (In years last birthday) <u>87</u>			
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 <u>"</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri City Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>US</u>			13a. FATHER'S NAME <u>Daniel Bell</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Ann McQuiddy</u>			
14. NAME OF HUSBAND OR WIFE <u>Marshall</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NO</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>J. D. Fromen</u>			ADDRESS <u>Liberty R 3 Mo.</u>						
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PYELONEPHRITIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>				DUE TO (c) <u>CEREBRAL HEMORRAGE</u>				<u>24h</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>HHS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)		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 <u>OCT</u> , 19 <u>48</u> , to <u>9-9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-9</u> , 19 <u>49</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>James H. Shelough, M.D.</u> (Degree or title)				23b. ADDRESS <u>LIBERTY, MO</u>		23c. DATE SIGNED <u>SEPT 9-11-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ferrievue</u>		24d. LOCATION (City, town, or county) (State) <u>Keorney Mo.</u>			
DATE REC'D BY LOCAL REG. <u>SEPT-12-1949</u>		REGISTRAR'S SIGNATURE <u>Dr. James H. Shelough</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>64</u>		ADDRESS <u>Church-Cover Co. Liberty Mo</u>			

RECEIVED

SEP 19

District Health Officer No. 8,
District File Number _____

Date Filed 9-28-49

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 John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty 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.