

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

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13458

State File No.

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Richmond, Ray Co., Mo.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Richmon Mo.</u> COUNTY <u>Ray Co.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Mo.</u>		c. LENGTH OF STAY (in this place) <u>never</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Mo., Ray Co.</u>		
d. FULL NAME OF (If not in hospital or institution, give street address of institution) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ZULA</u>		b. (Middle) <u>BEALE</u>	c. (Last) <u>DUVALL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 17, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 7, 1875</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR: Months <u>9</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housemaid</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ray County, Mo. U.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>RUBEN F. BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>MARIA HUME</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HUME DUVALL</u>		ADDRESS <u>JEFFERSON CITY</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>Apoplexy, Sudden death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Know none.</u> DUE TO (c) <u>334X</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had no complaints, previous.</u>				
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)	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)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr 17</u> , 19 <u>49</u> , to <u>Apr 17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Apr 17</u> , 19 <u>49</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Richmond, Ray Co., Mo.</u>		23c. DATE SIGNED <u>4-18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>	24b. DATE <u>4-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond Ray Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 20-1949</u>	REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>1600 S. Hardin St. Richmond, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4 25 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 _____

AUGUST BORCHERDING

Student Embalmer No. 237

working under my personal supervision.

Signed... August Borcharding

Student Embalmer

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.