

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 574

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs
c. LENGTH OF STAY (in this place) 25 yrs.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cedar
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs, Mo.
d. STREET ADDRESS (If rural, give location) 808 S. Main St.

3. NAME OF DECEASED
a. (First) Josie B. b. (Middle) HASLET c. (Last) T

4. DATE OF DEATH (Month) (Day) (Year) 2-10-49

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 16, 1872

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Jones

13b. MOTHER'S MAIDEN NAME Sarah Bailey

14. NAME OF HUSBAND OR WIFE Frank Haslett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELMER HASLETT, 7007 GARDEN ST. Forest Hill, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Muscle fiber atrophy
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c) hypertension
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 16 1/2 - 2 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4272

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 29, 1949, to Feb 10, 1949, that I last saw the deceased alive on Feb 10, 1949, and that death occurred at 1200 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Rubbenard M. Hill

23b. ADDRESS Eldorado Springs, Mo.

23c. DATE SIGNED Feb 11-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-13-49

24c. NAME OF CEMETERY OR CREMATORY Eldorado Springs

24d. LOCATION (City, town, or county) (State) Eldorado Springs, Mo.

DATE REC'D BY LOCAL REG. FEB. 12, 1949

REGISTRAR'S SIGNATURE George W. Nelson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edwin Casner, Eldorado Springs

(License of Funeral Director on Reverse Side)

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

20
1

RECEIVED

District Health Officer No. 7;

District File Number 1-49-62

Date Filed 2-14-49

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 Floyd C. Caruthers.....

Licensed Embalmer No. 4419

P. O. Address S. O. Woods Spring

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.