

FILED MAR 5 1949 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3973

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5044		Registrar's No. 12		
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Barry				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Washburn		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Washburn		0 3		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print)		a. (First) Eliza		b. (Middle) Jane		c. (Last) Myers		
4. DATE OF DEATH		(Month) 2-		(Day) 6-		(Year) 1949.		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 3-27-1859		
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. 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? USA			13a. FATHER'S NAME Joshua Baker		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Myers-Washburn, Missouri				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 8 hours		
ANTECEDENT CAUSES Morbidity conditions; if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Essential Hypertension		3 years				
		DUE TO (c) and arterial Sclerosis		4 years				
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 337				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 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 Feb 2, 1949, to Feb 2, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 p. m., from the causes and on the date stated above.								
23a. SIGNATURE [Signature]				23b. ADDRESS [Address]		23c. DATE SIGNED 2-16-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-8-1949		24c. NAME OF CEMETERY OR CREMATORY Washburn Prairie		24d. LOCATION (City, town, or county) (State) Washburn Missouri		
DATE REC'D BY LOCAL REG. Feb 25-1949		REGISTRAR'S SIGNATURE Grace Williams		FURNERAL DIRECTOR'S SIGNATURE E. E. Culver		ADDRESS Cassville		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 61
District File Number 249-194
Date Filed 2-28-49

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 Margaret Oliver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.