

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5276

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 37

49
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (In this place) 2 years		d. STREET ADDRESS (If rural, give location) 119 N. Mc Gregor	
d. FULL NAME OF HOSPITAL OR INSTITUTION 119 N. Mc Gregor			

3. NAME OF DECEASED a. (First) Mary b. (Middle) Hannah c. (Last) Waley			4. DATE OF DEATH (Month) (Day) (Year) Feb. 12 1949		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH April 13-1871	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 9 Days 29
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 James Clevinger		13b. MOTHER'S MAIDEN NAME Sarah Hogston		14. NAME OF HUSBAND OR WIFE Nathan M. Waley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS D.M. Clevinger Carthage, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cong. Uterus		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 0 DUE TO (c) 0		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0 1949		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	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 24 Dec, 1948, to 12 Feb, 1949, that I last saw the deceased alive on Feb 12, 1949, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Byrd M.D.		23b. ADDRESS Carthage Mo		23c. DATE SIGNED 12 Feb 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 15-1949	24c. NAME OF CEMETERY OR CREMATORY Sarcoux Cemetery	24d. LOCATION (City, town, or county) (State) Sarcoux Missouri		
DATE REC'D BY LOCAL REG. 14 Feb 49	REGISTRAR'S SIGNATURE L.B. Clinton, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shornhill-Dillon Mortuary - Joplin, Mo.			

Re-n. Ferguson

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.

Signed..... *Jesse Schulz*

Signed.....
Student Embalmer

Licensed Embalmer No. *4646*

P. O. Address *Jepher, MW*

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.