

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5634

State File No.

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3836 Registrar's No. 11

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> | |
| c. LENGTH OF STAY (in this place) <u>8 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>2 1/2 Miles N.E. Neosho</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Miles N.E. Neosho</u> | | | |

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|---|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u> b. (Middle) <u>Jane</u> c. (Last) <u>Marchbanks</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1949</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>Feb. 9, 1856</u> | | 9. AGE (In years last birthday) <u>93</u> | | 10. IF UNDER 1 YEAR Hours <u>6</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Barry County Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | 13a. FATHER'S NAME <u>Jessie Chappell</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Bethany Cruse</u> | | | | 14. NAME OF HUSBAND OR WIFE <u>widowed</u> | |

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|---|--|-------------------------------------|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Harrison Marchbanks</u> ADDRESS <u>Neosho, Mo.</u> | |
|---|--|-------------------------------------|--|---|--|

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| 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>Atherosclerosis and Chronic Myocardites</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
|---|--|--|--|--|--|----------------------------------|--|

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|------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>HO</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------|--|--|--|--|--|

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|---|--|--|--|---|--|
| 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 1-15, 1947, to 2-15, 1949, that I last saw the deceased alive on 2-15, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

| | | | | | |
|---|--|-------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>Neosho Mo</u> | | 23c. DATE SIGNED <u>2-17-49</u> | |
|---|--|-------------------------------|--|---------------------------------|--|

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|--|--|--------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>2/17-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sterling Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Jasper County Mo.</u> | | | | | |

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|---|--|---|--|---|--|
| DATE RECD BY LOCAL REG. <u>Feb 17, 1949</u> | | REGISTRAR'S SIGNATURE <u>Marvin C. Bonner</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge-Lewis</u> ADDRESS <u>Webb City, Mo.</u> | |
|---|--|---|--|---|--|

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

RECEIVED
New York & Health
District Health Officer
District File Number
2-27-56
Date Filed
2-27-56

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 _____

Richard Gray Lewis

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4405

P. O. Address _____

Webb City 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.