

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12201

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

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BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>5546</u>		Registrar's No. <u>9</u>		
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>OSAGE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Frankin</u>		c. LENGTH OF STAY (In this place) <u>quit.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNOTS MILL</u>		0		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Franklin Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH Josephine MEAMBER</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH <u>Apr. 23-1949</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>Dec. 24-1875</u>		9. AGE (In years last birthday) <u>73</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Osage Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>Francis Hubert</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>				
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 <u>Clay J. Puckhaber</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		not known						
DUE TO (c) <u>4221</u>		not known						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>hypertension</u>		not known						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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 <u>Feb 25, 1949</u> , to <u>Apr 21, 1949</u> , that I last saw the deceased alive on <u>Apr 21, 1949</u> , and that death occurred at <u>2 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>F. L. Chamberlain, M.D.</u>				23b. ADDRESS <u>New Franklin Mo</u>		23c. DATE SIGNED <u>4/23/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Apr. 24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonnots mill</u>		24d. LOCATION (City, town, or county) (State) <u>Bonnots mill Mo</u>		
DATE REC'D BY LOCAL REG. <u>4/24/49</u>		REGISTRAR'S SIGNATURE <u>Mrs Lee Bowman</u>		404		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. D. Newland</u>		
						ADDRESS <u>New Franklin</u>		

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed R. L. Hance.....

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.