

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24509

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 274

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jarvis</u> c. LENGTH OF STAY (in this place) <u>4</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jarvis, Mo.</u> <u>4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrey Spout nursing home</u>		d. STREET ADDRESS (If rural, give location) <u>Spout nursing home - Washington Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Josephine</u> b. (Middle) <u>B.</u> c. (Last) <u>Waring</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 - 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>Nov. 24 - 1867</u>
9. AGE (In years last birthday) <u>81-7-25</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Franklin Co. near Sullivan, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Mr. Franklin Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Eliza Whitman</u>	
14. NAME OF HUSBAND OR WIFE <u>Mr. Will Lewis Waring</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. J. J. Bennett - House St. Flat River, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis, Heart Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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	
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>July 12, 1949</u> , to <u>July 19, 1949</u> , that I last saw the deceased alive on <u>July 12, 1949</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. H. Appberry M.D.</u>		23b. ADDRESS <u>Flat River, Mo</u>	
23c. DATE SIGNED <u>7. 25. 49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 21 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mason</u>	
24d. LOCATION (City, town, or county) <u>Jarvis</u>		24e. (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 26, 1949</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>		ADDRESS <u>303 Cass St. Flat River, Mo.</u>	

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

RECEIVED 8-1-49

District Health Officer No. 4

District File Number 849-1027

Date Filed

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 Alois W. Hood

Signed.....
Student Embalmer

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat River, 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.