

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27650

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eolia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) <u>Emma</u>	a. (First)	b. (Middle) <u>J</u>	c. (Last) <u>Day</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 25, 1859</u>	9. AGE (In years last birthday) <u>90</u>	UNDER 1 YEAR Months _____	1 YEAR Days _____	5 UNDER 5 YRS. Hours _____	Min. _____
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10a. USUAL OCCUPATION (If the 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>Lincoln County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Coffee</u>	14. NAME OF HUSBAND OR WIFE _____
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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>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>A. B. Bayse</u>	ADDRESS <u>Atterton, Iowa</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>C Congestive Heart Failure</u>		<u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Asthma</u> DUE TO (c) _____		<u>10 to 12 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema</u>		<u>several years.</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>241X</u>
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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? _____
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22. I hereby certify that I attended the deceased from Aug 4, 1949, to Aug 14, 1949, that I last saw the deceased alive on Aug 18, 19, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles P. Jewell M.D.</u>	23b. ADDRESS <u>Louisiana Mo.</u>	23c. DATE SIGNED <u>8-14-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 16, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bowling Green, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 23, 1949</u>	REGISTRAR'S SIGNATURE <u>Bonnie Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McKen Hays</u>	ADDRESS <u>Palmer Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

SEP 6 1949

RECEIVED SEP 6 1949
District Health Officer
District File Number 9-49-
Date Filed SEP 6 1949

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 Harman S. Koch

Licensed Embalmer No. 2342

P. O. Address Galicia, 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.