No. 300
10.48

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29906

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 856

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD
c. LENGTH OF STAY (in this place) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1647 E. ATLANTIC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD 56
d. STREET ADDRESS (If rural, give location) 1647 E. ATLANTIC 6

3. NAME OF DECEASED (Type or Print)
a. (First) MARY
b. (Middle) ANN
c. (Last) JACKSON

4. DATE OF DEATH (Month) SEPT. (Day) 23 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 2-3-1859
9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY IN HOME
11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME RICHARD DRUMWRIGHT
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME MRS LONNIE HICKS — ADDRESS SPGFD. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Azotemia — INTERVAL BETWEEN ONSET AND DEATH: wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive - cardio - vascular - renal disease — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 442X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* 23 Sept, 1949, *that I last saw the deceased alive on* Aug 13, 1949, *and that death occurred at* 9:10 pm., *from the causes and on the date stated above.*

23a. SIGNATURE Kenneth E. Knabb, (Degree or title) M.D.
23b. ADDRESS 1630 N. Jefferson
23c. DATE SIGNED 24 Sept 49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 9-25-49
24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY
24d. LOCATION (City, town, or county) (State) 30 MILES NORTH OF SPGFD. MO.

DATE REC'D BY LOCAL REG. 9-26-49
REGISTRAR'S SIGNATURE W. K. Handley by V. Teaffey Dep. Reg.
25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co. — ADDRESS SPGFD. MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Max Rhodes

Signed .....
Student Embalmer

Licensed Embalmer No. 4071

P. O. Address Springfield

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.