

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34180

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>4248</u>		Registrar's No. <u>192</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Saracape</u>		c. LENGTH OF STAY (In this place) <u>Home</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Saracape</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>7MOJ</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Powell</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 8 - 1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>Feb 11 - 1868</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Plattsburg Mo</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Luis Parter</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Parter</u>			14. NAME OF HUSBAND OR WIFE	
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		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cor myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.				<u>4222</u>			
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) (Min.)		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>11-24</u> , 1947, to <u>10-8</u> , 1949, that I last saw the deceased alive on <u>10-8</u> , 1949, and that death occurred at <u>5:45 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. B. Clinton M.D.</u>				23b. ADDRESS <u>Saracape Mo.</u>		23c. DATE SIGNED <u>10-10-49.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 10 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saracape</u>		24d. LOCATION (City, town, or county) (State) <u>Saracape Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 22 - 49</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson &amp; Sons</u>		ADDRESS <u>Saracape Mo</u>	

Per. n. Ferguson Licensed Embalmer's Stamp (heat on Reverse Side)

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

RECEIVED 10-31-49  
Jasper County Health Office

County File Number 49-10-810

Date Filed 11-8-49

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Wm A Jackson*

Licensed Embalmer No. 3954

P. O. Address Laroyie Inc

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.