

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34793

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6038 Registrar's No. 61

91000

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

1. PLACE OF DEATH a. COUNTY <u>Ripley Jordan Swopa</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rte # 2</u>		c. LENGTH OF STAY (In this place) <u>67 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rte # 2</u>		9/1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles north of Doniphan</u>			d. STREET ADDRESS (If rural, give location) <u>7 miles north of Doniphan</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GENERAL</u>		b. (Middle) <u>C.</u>	c. (Last) <u>EMMONS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-20-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6-12-1882</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Joe Emmons</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane Webb</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Ann Emmons</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virgil Lawhon - Rte 2 - Doniphan 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>4202</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>Oct 9-20-1949</u> , to _____, 19____, that I last saw the deceased alive on <u>9-20-</u> , 1949, and that death occurred at <u>11.00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E. L. Edwards M.D.</u>			23b. ADDRESS <u>Doniphan, Missouri</u>		23c. DATE SIGNED <u>10-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belleview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-1-49</u>	REGISTRAR'S SIGNATURE <u>E. L. Edwards 277</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. A. Edwards - Doniphan Mo</u>		

RECEIVED 10/15/49

District Health Officer No. 5,

District File Number 1049656

Date Filed 10/20/49

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 Carl B. Bird

Licensed Embalmer No. 4306

P. O. Address Deniglan, 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.