

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36772

FILED DEC 5. 1949

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>4173</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Kansas</u> b. COUNTY <u>Unknown</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava</u>		c. LENGTH OF STAY (In this place) <u>3</u> <u>1</u> day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Scott, Kansas</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>201/2 N. Maine Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u>			b. (Middle)		c. (Last) <u>McJimsey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-8-49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9-11-14</u>		9. AGE (In years last birthday) <u>35</u>	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) <u>Worked at Cafe</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cook</u>		11. BIRTHPLACE (State or foreign country) <u>Goodhope, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Arthur L. McJimsey</u>		13b. MOTHER'S MAIDEN NAME <u>Flosie Shaver</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) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-32-9679</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. Schlosser</u>		ADDRESS <u>Ava, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epileptic Attack</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart failure</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>3533</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)		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>Nov 8, 1949</u> , to <u>Nov 8, 1949</u> , that I last saw the deceased <u>alive on</u> , <u>19</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. R. Shannon Do</u> (Degree or title)				23b. ADDRESS <u>Box 465 Ava, Mo.</u>		23c. DATE SIGNED <u>Nov 8, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 28-49</u>		REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Lohmeyer</u>		ADDRESS <u>Springfield, Mo.</u>	

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

RECEIVED NOV 29 1949
District Health Office No. 6,
District File Number 1149-1301
Date Filed 11-30-49

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

Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.