

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40133

State File No.

FILED JAN 4 1950

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5076 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL- RICHLAND TWSP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL- RICHLAND TWSP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>JASPER. R#3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>NELSON</u> c. (Last) <u>KING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 13 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 9 1885</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give 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>LATHAM, KANSAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			_____
13a. FATHER'S NAME <u>WILLIAM NELSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA HENDERSON</u>	14. NAME OF HUSBAND OR WIFE <u>SAM KING</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>XXX</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MONTE DODSON, JOPLIN, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			_____
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>			<u>needed death</u>
DUE TO (c) _____			_____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			_____
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>Sept 1, 1949</u>, to <u>Dec. 15, 1949</u>, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:45 a. m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D.R. Guedner M.D.</u>		23b. ADDRESS <u>L A K E R</u>	23c. DATE SIGNED <u>Dec. 14-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC 16 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARADISE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>JASPER, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>Dec. 15, 1949</u>	REGISTRAR'S SIGNATURE <u>Hazel St. Pugh</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JOHNSON-ARNCE-SIMPSON MORTUARY, WEBB CITY, MO.</u>

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

DEC 17 1949

RECEIVED DEC 23 1949

District Health Office No. 6,

District File Number 1249-1376

Date Filed DEC 23 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 Harvey E. Aruse

Licensed Embalmer No. 4463

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.