

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41562

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5639 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington TWP</u>		c. LENGTH OF STAY (In this place) <u>5 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>406 Russell St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi East Odessa Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>406 Russell St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Octavia</u> b. (Middle) <u>Eudora</u> c. (Last) <u>Jeans</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 25 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 25-1863</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR <u>8</u> MONTHS <u>0</u> DAYS
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>Platte City - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Emanuel Sharp</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Byrne</u>		14. NAME OF HUSBAND OR WIFE <u>C.F. Jeans</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Neer Odessa 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drugs (unheard)</u> ANTECEDENT CAUSES <u>Cardiovascular Renal disease</u> <u>Intermittent Nephritis</u> DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 mo</u>  <u>442X</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) <u>Odessa Lafayette Mo</u>			
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>Dec 25, 1949</u> , to <u>Dec 26, 1949</u> , that I last saw the deceased alive on <u>Dec 23, 1949</u> , and that death occurred at <u>Dec 26</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>R. Schaefer</u>			23b. ADDRESS <u>Odessa Mo</u>		23c. DATE SIGNED <u>12/27/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/27/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Odessa Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 27 49</u>	REGISTRAR'S SIGNATURE <u>Letta Drummond</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blissie Lane Odessa Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

54  
000

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-10-50

MAR 14 1950

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 Charles R. Bhuice

Licensed Embalmer No. 2945

P. O. Address Olney 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.