

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41662

State File No.

FILED JAN 4 1950

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 84

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

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Anderson twp.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Anderson twp.	
c. LENGTH OF STAY (in this place) 5 years		d. STREET ADDRESS (If rural, give location) 1/2 mile west Anderson, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 mile west Anderson, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) IDA		b. (Middle) VICTORIA	
		c. (Last) ENGLAND	
4. DATE OF DEATH NOVEMBER 17, 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 24, 1878
9. AGE (in years last birthday) 70		10. UNDER 1 YEAR 10 MONTHS 24 DAYS 24 HOURS 33 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Rufus Doran		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE John England			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lorena Cash		ADDRESS Anderson, Mo.	
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Chronic nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 1 week		3 or 4 yrs	
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>June, 1949</u> , to <u>Nov 17, 1949</u> , that I last saw the deceased alive on <u>Nov 17, 1949</u> , and that death occurred at <u>8 9 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE John B. Papineau (Degree or title)		23b. ADDRESS Goodman, Mo.	
23c. DATE SIGNED Nov 26, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 22, 1949	
24c. NAME OF CEMETERY OR CREMATORY Owley Cemetery		24d. LOCATION (City, town, or county) (State) McDonald Co., Missouri	
DATE REC'D BY LOCAL REG. 12-5-49		REGISTRAR'S SIGNATURE Mayme Humphrey	
25. FUNERAL DIRECTOR'S SIGNATURE John B. Papineau		ADDRESS Goodman, Missouri	

RECEIVED DEC 20 1949

District Health Office No. 6,

District File Number 1249-1402

Date Filed DEC 28 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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.