

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41682**

FILED JAN 6 1950

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **141**

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

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon	
c. LENGTH OF STAY (in this place) 36 yrs.		d. STREET ADDRESS (If rural, give location) 807 N. Ruby	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's. Ruby Jochims		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1949	
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) J. c. (Last) Jochims			5. SEX Female
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 8 1878		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY *****	
11. BIRTHPLACE (State or foreign country) Revier, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Harris		13b. MOTHER'S MAIDEN NAME Elizabeth Lloyd	
14. NAME OF HUSBAND OR WIFE Ed. O. Jochims		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ed. O. Jochims ADDRESS Macon, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide		INTERVAL BETWEEN ONSET AND DEATH Sev. yrs.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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)	
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 Dec. 20, 1948 , to Dec 10, 1949 , that I last saw the deceased alive on Dec 5, 1949 , and that death occurred at 11:40 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Howard Miller (Degree or title) MD		23b. ADDRESS Macon Mo	
23c. DATE SIGNED 12/12/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/12/49		24c. NAME OF CEMETERY OR CREMATORY Oakwood	
24d. LOCATION (City, town, or county) (State) Macon, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert Skinner ADDRESS Macon Mo	
DATE REC'D BY LOCAL REG. 12/24/49		REGISTRAR'S SIGNATURE Ruth Mcneely	

RECEIVED

12/3/50

MACON COUNTY HEALTH DEPARTMENT

County File No.150/~~25~~7

Date Filed.....1/5/50.....

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 *Albert Skinner*.....

Licensed Embalmer No.78-1

P. O. Address *Macon 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.