No. 300
10.48

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

FILED DEC 19 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 42133

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029 Registrar's No. 20

**1. PLACE OF DEATH**
a. COUNTY: Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Reynolds
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Sunshine Creek

**3. NAME OF DECEASED** (Type or Print)
a. (First): ROSA
b. (Middle): JANE
c. (Last): KING

**4. DATE OF DEATH** (Month) (Day) (Year): 11-25-49

**5. SEX**: F
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 12-6-1869
**9. AGE** (In years last birthday): 79 — IF UNDER 1 YEAR: Months 11, Days 19 — IF UNDER 24 HRS.: Hours, Min.
**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): Iron Co Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Jim Jones
**13b. MOTHER'S MAIDEN NAME**: Shannon Russell
**14. NAME OF HUSBAND OR WIFE**: James King
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: James King

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

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)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

794X

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* 9-13, 1949, *to* 11-18, 1949, *that I last saw the deceased alive on* 11-18, 1949, *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): William Newman D.C.
**23b. ADDRESS**: Ellington Mo
**23c. DATE SIGNED**: 11-26-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11-27-49
**24c. NAME OF CEMETERY OR CREMATORY**: Redford Cemetery
**24d. LOCATION** (City, town, or county) (State): Redford Mo.

**DATE REC'D BY LOCAL REG.**: 12/8/49
**REGISTRAR'S SIGNATURE**: Essie Evans 276
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Phil A. Jenchel Ell. Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12/12/49
District Health Officer No. 5,
District File Number 1249782
Date Filed 12/12/49

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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~~ 11-25

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Phil A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Tw

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

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