

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43427

State File No.

FILED JAN 6 1950

BIRTH NO. _____ REG. DIST. NO. 357 PRIMARY REG. DIST. NO. 4499 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Shelby County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. Missouri b. Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo.	
c. LENGTH OF STAY (In this place) 9 Mo.		d. STREET ADDRESS (If rural, give location) X	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth Ellen b. (Middle) Long c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 12-19-1949		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-24-1876	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 4 Days 25 IF UNDER 24 HOURS Hours 25 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Howard Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John T. Reynolds	13b. MOTHER'S MAIDEN NAME Elizabeth Marideth	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marvin Jones, Shelbina, Mo.	ADDRESS Shelbina, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction - coronary thrombosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio-vascular disease		
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 Jan 1949 to Dec 1949, that I last saw the deceased alive on Dec 12, 1949, and that death occurred at 10:20 P m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS Shelbina, Mo.	23c. DATE SIGNED 12/21/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-22-1949	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	24d. LOCATION (City, town, or county) (State) Hunnewell, Mo.
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DATE REC'D BY LOCAL REG. 12-30/49	REGISTRAR'S SIGNATURE Ada Garrison 418	25. FUNERAL DIRECTOR'S SIGNATURE Million & Barkelwe, Shelbina, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

162
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JAN 1 1950

RECEIVED JAN 1 1950
District Health Officer No. 1
District File Number 1-58-2
Date Filed JAN 1 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.

Signed C. L. Hawley

Signed _____
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address Helena Md

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.