

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 20 1950

State File No. 428

0161

REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <i>Cape</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Jackson</i>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Farmington</i> 0941	
		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Elizabeth Jane</i> b. (Middle) <i>Black</i> c. (Last) <i>Black</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>January 9 1950</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Jan. 20 1868</i>
9. AGE in years last birthday <i>81</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired housewife</i>	
11. BIRTHPLACE (State or foreign country) <i>Chester Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Brown</i>		13b. MOTHER'S MAIDEN NAME <i>Ellen Sherrill</i>	
14. NAME OF HUSBAND OR WIFE <i>Wm Black</i>		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 <i>Lulu Bidby</i> ADDRESS <i>Farmington Mo</i>	
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) <i>Myo Carditis</i> INTERVAL BETWEEN ONSET AND DEATH <i>Post mortem</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Asst known</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>1222</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. DATE SIGNED		19d. 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)	
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 <i>Jan 5, 1950</i> to <i>Jan 9, 1950</i> , that I last saw the deceased alive on <i>Jan 9, 1950</i> and that death occurred at <i>9 P.m.</i> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>A. B. ...</i>		23b. ADDRESS <i>Jackson Mo</i>	
23c. DATE SIGNED <i>1-11-50</i>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <i>Jan 11, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Parkview</i>	
24d. LOCATION (City, town, or county) (State) <i>near Farmington Mo</i>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>D. G. ...</i> 43	
25. FUNERAL DIRECTOR'S SIGNATURE <i>A. Cozart</i> ADDRESS		5	

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

RECEIVED 1-18-50

District Health Officer No. 4

District File Number 150-86

Date Filed.....

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 W. Crozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.