

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1543

FILED JAN 30 1950

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5578		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Jasper.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Okla. b. COUNTY Ottawa			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Duenweg (Laple township)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Picher. 8350			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) West A. St. 8			
3. NAME OF DECEASED (Type or Print)		a. (First) Stella May		b. (Middle) Akers.		c. (Last)	
4. DATE OF DEATH		Jan. 7. 1950		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow.		8. DATE OF BIRTH April 14. 1871		9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months 8	
11. BIRTHPLACE (State or foreign country) Marshfield, Mo.		12. CITIZEN OF WHAT COUNTRY? America		13a. FATHER'S NAME Bill Long.		13b. MOTHER'S MAIDEN NAME Unknown.	
14. NAME OF HUSBAND OR WIFE None.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Duenweg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>High Blood Pressure</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 year 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>None</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>None</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from Jan 20, 1949, to Jan 7, 1950, that I last saw the deceased alive on Aug 31, 1949, and that death occurred at 9:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Dr. Birtle M. D.</i> (Degree or title)				23b. ADDRESS <i>Picher Okla</i>		23c. DATE SIGNED <i>Jan 10-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE 1-14-50		24c. NAME OF CEMETERY OR CREMATORY G.A.R. Miami		24d. LOCATION (City, town, or county) (State) <i>Miami, Okla.</i>	
DATE REC'D BY LOCAL REG. <i>Jan 17-50</i>		REGISTRAR'S SIGNATURE <i>S. L. Hutchins</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Mrs. V. M. Gordon</i>		ADDRESS <i>Picher Okla.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-25-50
Jasper County Health Office

County File Number 50-1-27

Date Filed 1-28-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Mrs. V. M. Goodson

Signed
Student Embalmer

Licensed Embalmer No. 1088

P. O. Address Picher, Okla

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.