

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1627

Registrar's No. 2

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035

542
1

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

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. LENGTH OF STAY (in this place) years 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION 983 Main		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington	
		d. STREET ADDRESS (If rural, give location) 923 Main	

3. NAME OF DECEASED (Type or Print) a. (First) ELIZA	b. (Middle) ELLEN	c. (Last) ENGLAND	4. DATE OF DEATH (Month) (Day) (Year) Jan. 5 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 24, 1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 1 Days 11	IF UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Polk Co., Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Lafait Painter	13b. MOTHER'S MAIDEN NAME Martha Ralston	14. NAME OF HUSBAND OR WIFE Wm. F. England
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Sadie Halbrook, Lexington, Mo.	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Nov 1, 1946** to **Jan 5, 1950**, that I last saw the deceased alive on **Jan 5, 1950** and that death occurred at **3:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Bess H. Brasher MD (Degree or title)	23b. ADDRESS Lexington Mo	23c. DATE SIGNED 1/5/50
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE 1/6/50	24c. NAME OF CEMETERY OR CREMATORY Boss Cemetery	24d. LOCATION (City, town, or county) (State) Salem, Mo.
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DATE REC'D BY LOCAL REG. 1/6/50	REGISTRAR'S SIGNATURE Wm. E. Gault	156 25 FUNERAL DIRECTOR'S SIGNATURE Forest F. Pempel	ADDRESS Lex. Mo
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FEB 3 1950

RECEIVED

District Health Officer

District File Number 7-30-50

Date Filed

Frank

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 _____

John McKeon

Signed _____
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.