

No. 300
10.48

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2047

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>PAKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PAKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louissiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>	
c. LENGTH OF STAY (in this place) <u>10 da</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pake County Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Julia</u> b. (Middle) <u>Ann</u> c. (Last) <u>PIDNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 20 1950</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>3</u>	8. DATE OF BIRTH <u>Dec 12th 1865</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Montgomery Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Matthew Howard</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Hunt</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>+</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>+</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Sidney Bowling</u> ADDRESS <u>Bowling Green MO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac De-compensation</u>		INTERNAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>asthma (Bronchial)</u>		
	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 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)	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 1-11, 1950, to 1-20, 1950 that I last saw the deceased alive on 1-20, 1950, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. R. Robinson MD</u>	23b. ADDRESS <u>Louisiana MO</u>	23c. DATE SIGNED <u>1-20-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Jan. 22 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>	24d. LOCATION (City, town, or county) (State) <u>Bowling Green MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan 24, 1950</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bantread</u>	ADDRESS <u>Bowling Green MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 6 1950

RECEIVED

District Health Officer No.

District File Number 2-50

Date Filed FEB 6 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.

Student _____
Student Embalmer

Signed Harold C. Kunka

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.