

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3761

0030

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>		c. LENGTH OF STAY (in this place) <u>3 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Watson.</u>		<u>00301</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Fairfax Community Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dollie</u> b. (Middle) <u>Jane</u> c. (Last) <u>Maness</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 18 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u> (Specify)	8. DATE OF BIRTH <u>8-17-1882</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Green County, Tenn.,</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>	
13a. FATHER'S NAME <u>Wm. Lane</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Walker</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Maness Watson. Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Maness</u>		ADDRESS <u>Watson. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Organic heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					INTERVAL BETWEEN ONSET AND DEATH  <u>4343</u>	
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 <u>Jan.</u> , 19 <u>48</u> , to <u>Feb 18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 18</u> , 19 <u>50</u> , and that death occurred at <u>2</u> P. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. A. Gray</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Watson Mo.</u>		23c. DATE SIGNED <u>2-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/22/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Watson. Mo.,</u>			
DATE REC'D BY LOCAL REG. <u>2/22/50</u>	REGISTRAR'S SIGNATURE <u>Betty Crabtree</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bartholomew Mortuary. ROCKPORT. MO</u>			

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



**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 *Greg Burtolano*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. #22#? 3173.....

P. O. Address Rock Port, 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. ~