

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9191

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 2028		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MO b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (in this place) 3 mo		c. CITY (If outside corporate limits, write RURAL and give township) Carthage		1949	
d. FULL NAME OF HOSPITAL OR INSTITUTION 323 N. Maple St				d. STREET ADDRESS (If rural, give location) 323 - N. Maple			
3. NAME OF DECEASED (Type or Print) Mrs George Almstad			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb 9 - 50	
5. SEX female	6. COLOR OR RACE white	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH unknown	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) unknown		12. CITIZEN OF WHAT COUNTRY? 9	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE			
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. L		17. INFORMANT'S SIGNATURE OR NAME Mrs Wennie Wooley Fausland Col.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Uremia</u>				Unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>				Unknown	
		DUE TO (c) <u>Sensitivity & Arteriosclerosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592X	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 4-19-49, 19 to 2-9, 1950, that I last saw the deceased alive on 2-4, 1950, and that death occurred at 7:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Typed or title) L. B. Clinton, Jr.				23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 2-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-12-50	24c. NAME OF CEMETERY OR CREMATORY Reeds Cem		24d. LOCATION (City, town, or county) (State) Reeds MO		
DATE REC'D BY LOCAL REG. Feb 14, 1950		REGISTRAR'S SIGNATURE L. B. Clinton, Jr.		25. FUNERAL DIRECTOR'S SIGNATURE Jackson Law, Searcy		ADDRESS MO	

Per. A. Ferguson, Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

RECEIVED 2-20-50
Jasper County Health Office

County File Number 50-2-108

Date Filed 3-13-50

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 *me*

Student Embalmer No.

working under my personal supervision.

Signed

Wm R. Jackson

Licensed Embalmer No.

3954

P. O. Address

Jarvis W

Signed
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.