

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11855

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>4026</u> Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Purdy</u>		c. LENGTH OF STAY (in this place) <u>Several years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Purdy</u>		0050
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			d. STREET ADDRESS (If rural, give location) <u>None</u>		
3. NAME OF DECEASED a. (First) <u>Samantha</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>McPhail</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April</u> <u>15</u> <u>1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 30-1879</u>	9. AGE (in years last birthday) <u>70</u>	IF UNDER 1 YEAR Days <u>15</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 <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Barry County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas M Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Oakes</u>		14. NAME OF HUSBAND OR WIFE <u>John McPhail</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If receive war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE, OR NAME <u>John McPhail Purdy Mo.</u>		ADDRESS <u>Purdy Mo.</u>	
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Lining</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</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. <u>156H</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
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) (Min.)	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>Aug 6</u> , 19 <u>49</u> , to <u>April 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 15</u> , 19 <u>50</u> , and that death occurred at <u>10:30</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. D. Baldwin M.D.</u>			23b. ADDRESS <u>Purdy Mo</u>		23c. DATE SIGNED <u>4-19-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Amhart cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East of Purdy Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-20-50</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett Worthington</u>	ADDRESS <u>Monett Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0050

RECEIVED APR 22 1950

District Health Office No. 6,

District File Number 450-478

Date Filed 4-22-50

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.....

R. Gordon Bennett

Signed.....
Student Embalmer

Licensed Embalmer No.....

4213

P. O. Address.....

Monett, Missouri

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.