

FILED MAY 24 1950

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

17625

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u> Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		c. LENGTH OF STAY (in this place) <u>2d</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		0730
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) <u>Louise Augusta Jones</u>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <u>5-12-1950</u>			(Month)	(Day)	(Year)
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>6-23-1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>19</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>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Wm. Mahnke</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Borth</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>George Mahnke, Neosho Mo</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	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>4501</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>May 11, 1950</u> , to <u>May 2, 1950</u> , that I last saw the deceased alive on <u>May 12, 1950</u> , and that death occurred at <u>1 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Charles O. Chester D.D.</u> (Degree or title)			23b. ADDRESS <u>Granby Mo.</u>		23c. DATE SIGNED <u>5-14-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Granby Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Granby Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 19 1950</u>	REGISTRAR'S SIGNATURE <u>M. L. Spring</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>2250 Culver-Sherwood</u>	ADDRESS <u>Granby Mo</u>		

(Licensed Embellisher's Statement on Reverse Side)

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

No. 300

10.48

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 550-115

Date Filed MAY 22 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 G. E. Clevver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.