

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUN 28 1950 STANDARD CERTIFICATE OF DEATH

20693

State File No. 180-14-1191-9  
Registrar's No. 98

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3227	
1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (In this place) 50yr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		0492
d. FULL NAME OF HOSPITAL OR INSTITUTION 918 N. Main St.			d. STREET ADDRESS (If rural, give location) 918 N. Main St.		
3. NAME OF DECEASED (Type or Print) a. (First) PATSY		b. (Middle) JANE		c. (Last) PIERCE	
4. DATE OF DEATH (Month) (Day) (Year) June 17, 1950					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 10, 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 5 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew Wallace		13b. MOTHER'S MAIDEN NAME No data		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) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lewis Sargeant Webb City, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular renal</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> 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  442x					
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>Wed. Nov 10, 1949</u> to <u>Wed. Nov 10, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and of the date stated above.					
23a. SIGNATURE <u>Wendell Edwin Jones MD</u>		(Degree or title)		23b. ADDRESS <u>Green Road Birch Bay Springs Mo</u>	23c. DATE SIGNED <u>6-23-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-22-50	24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery		24d. LOCATION (City, town, or county) (State) Carterville, Missouri	
DATE REC'D BY LOCAL REG <u>June 20/50</u>		REGISTRAR'S SIGNATURE <u>W. D. Pritchett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. D. Pritchett</u> Webb City, Mo.	

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

RECEIVED 6-27-50  
Jasper County Health Office

County File Number 50-6-503

Date Filed 6-27-50

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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Richard Gray Lew*

Licensed Embalmer No. *44573*

P. O. Address *Webb City 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.