

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21251

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6042 Registrar's No. 125

0910

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

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Ripley</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Varner</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Varner</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edith</b> b. (Middle) <b>M.</b> c. (Last) <b>Jolliffee</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6/21/1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>6/21/1856</b>
9. AGE (In years last birthday) <b>93</b>		# UNDER 1 YEAR <b>11</b> Months <b>11</b> Days	# UNDER 24 HRS. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Indiana</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Earl Molsbee</b> ADDRESS <b>Ozly, Mo.</b>
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) <b>chronic bronchitis</b> ANTECEDENT CAUSES DUE TO (b) <b>cerebral hemorrhage</b> DUE TO (c) <b>hypertension, had been</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>bed feet since hemorrhage, present 3 1/2</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>no. several years.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	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)	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 <b>June 1948</b> , to <b>June 2, 1950</b> , that I last saw the deceased alive on <b>May 20, 1950</b> , and that death occurred at <b>12 Noon</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>Stewart White MD</b> (Degree or title)		23b. ADDRESS <b>Naylor Mo</b>	23c. DATE SIGNED <b>6/6/1950</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/4/1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Antioch</b>	24d. LOCATION (City, town, or county) (State) <b>Ozly, Missouri</b>
DATE REC'D BY LOCAL REG. <b>6-6-50</b>	REGISTRAR'S SIGNATURE <b>Ed Johnston 277</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gish Funeral Home</b> ADDRESS <b>Naylor, Mo.</b>	

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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 *Sybil Mae Cord*  
Licensed Embalmer No. *4079*

P. O. Address *Waynes, 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.