

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0410 23379  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak Township</u>	
c. LENGTH OF STAY (in this place) <u>9 months</u>		d. STREET ADDRESS (If rural, give location) <u>Two mile south of New Hampton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mile south of New Hampton</u>			
3. NAME OF DECEASED a. (First) <u>ELIZA</u> b. (Middle) <u>JANE</u> c. (Last) <u>MAGEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 11 1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>July 21 1864</u>
9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Harrison County MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Robert Nelson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Coleman</u>	14. NAME OF HUSBAND OR WIFE <u>about W Magee deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. B. Magee New Hampton</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>Pericarditis Acute</u> INTERVAL BETWEEN ONSET AND DEATH <u>60 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic interstitial nephritis 10 yrs.</u> DUE TO (c) <u>Hypotension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</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) (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>June</u> , 19 <u>48</u> , to <u>July</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 9</u> , 19 <u>50</u> , and that death occurred at <u>9:45 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. L. Green, D.O.</u> (Degree or title)		23b. ADDRESS <u>New Hampton MO</u>	23c. DATE SIGNED <u>7-17-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 13</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Foster</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison County MO</u>
DATE REC'D BY LOCAL REG. <u>July 13-50</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u> <sup>116</sup>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W &amp; Noble New Hampton</u>	

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



**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 ML

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. H. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.