S. No. 300
v. 10-48

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23974

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO 4296 Registrar's No. 39

0580

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

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Browning Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Browning 0580
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Rosella b. (Middle) A c. (Last) Jones

4. DATE OF DEATH (Month) Aug. (Day) 1 (Year) 50

5. SEX fe **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed 2 **8. DATE OF BIRTH** Sept 3, 1866 **9. AGE** (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home **10b. KIND OF BUSINESS OR INDUSTRY** Home **11. BIRTHPLACE** (State or foreign country) Missouri 0 **12. CITIZEN OF WHAT COUNTRY?**

13a. FATHER'S NAME William H. Myers **13b. MOTHER'S MAIDEN NAME** Margaret Williams **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) — **16. SOCIAL SECURITY NO.** — **17. INFORMANT'S SIGNATURE OR NAME** Leo Jones **ADDRESS** Browning 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — Chronic Nephritis (Glomerular) — INTERVAL BETWEEN ONSET AND DEATH 6 Months

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. 599 X

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Aug 1, 1950, *that I last saw the deceased alive on* July 27, 1950, *and that death occurred at* 12:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE T R McArtor (Degree or title) M.D. **23b. ADDRESS** Browning Mo **23c. DATE SIGNED**

24a. BURIAL, CREMATION, REMOVAL (Specify) 11 **24b. DATE** Aug. 3, 1950 **24c. NAME OF CEMETERY OR CREMATORY** Jenkins **24d. LOCATION** (City, town, or county) Browning (State) Missouri

DATE REC'D BY LOCAL REG. Aug. 4, 1950 **REGISTRAR'S SIGNATURE** Elva Crookshanks 166 **25. FUNERAL DIRECTOR'S SIGNATURE** Wade Funeral Home **ADDRESS** Browning

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 7 1950

District Health Officer No. 10

District File Number 8-14-1284

Date Filed AUG 4 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.

Signed Gerald T. Wade

Signed .....
Student Embalmer

Licensed Embalmer No. 4172

P. O. Address Browning

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.