

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27795**

FILED AUG 28 1950

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **4409** Registrar's No. **117**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE mo b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newburg		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newburg 1810	
		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) ELIZA JANE McDOWELL			4. DATE OF DEATH Aug 7 - 1950		
a. (First)	b. (Middle)	c. (Last)	Date	Month	Year
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Mar 28 1861		9. AGE (In years last birthday) 89		10. UNDER 1 YEAR OF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Linn Missouri	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Hiram Perkins		13b. MOTHER'S MAIDEN NAME Angeline Williams		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 1		17. INFORMANT'S SIGNATURE OR NAME Elsie Peck ADDRESS Newburg, 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) Myocardial Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 36 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) De-compensated heart & Cardiac asthma		5 or 6 yrs	
		DUE TO (c) Senile Debility		4222	
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) (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 **April, 1945**, to **Aug 6, 1950**, that I last saw the deceased alive on **Aug 6, 1950**, and that death occurred at **A m.**, from the causes and on the date stated above.

22a. SIGNATURE Richard E. Myers (Degree or title)		23b. ADDRESS Newburg, Mo		23c. DATE SIGNED Aug 8, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 9 - 1950		24c. NAME OF CEMETERY OR CREMATORY Rolla	
24d. LOCATION (City, town, or county) (State) Rolla, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Lee Johnson ADDRESS Newburg, Mo		DATE REC'D BY LOCAL REG. 8-15-50 REGISTRAR'S SIGNATURE Nadine S. Stoll	

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

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RECEIVED 8-23-50
Phelps County Health Officer,
County File Number 850
Date Filed 8-25-50

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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.