

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33912  
Registrar's No. 153

FILED NOV 9 1950

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4444</u>		Registrar's No. <u>153</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cartersville</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		<u>1051</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cartersville Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>---</u>				
3. NAME OF DECEASED a. (First) <u>Amanda</u>			b. (Middle) _____		c. (Last) <u>English</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct. 10, 1864</u>	9. AGE (In years last birthday) <u>86</u>	If UNDER 1 YEAR Days <u>0</u>	If UNDER 1 YEAR Hours <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>David Longenecker</u>			13b. MOTHER'S MAIDEN NAME <u>Eleanor Boord</u>		14. NAME OF HUSBAND OR WIFE <u>James English</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Bert Longenecker, Joplin, Mo.</u> ADDRESS _____				
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>Cardiac Dilatation</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Transition &amp; Central Vascular</u>		DUE TO (c) <u>Hypertensive cardiac - vascular</u>		8 days		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							unknown	
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) _____		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>Nov 3, 1950</u> , to <u>Nov 3, 1950</u> , that I last saw the deceased alive on <u>11-3-1950</u> , and that death occurred at <u>7:15 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. K. Sawyer M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>110 W. Webb St - Webb City Mo</u>		23c. DATE SIGNED <u>11/4/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/6/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov 5/50</u>		REGISTRAR'S SIGNATURE <u>J. L. Suter M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton S. Childs</u>		ADDRESS <u>Lamar Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

490  
4

*Dr. Ferguson  
West City*

RECEIVED 11-8-50  
Jasper County Health Office

County File Number 50/11/799

Date Filed 11-8-50

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed *Charles F. Giles*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3473*

P. O. Address *Sanat 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.