

FILED DEC 13 1950 STANDARD CERTIFICATE OF DEATH

State File No. 36350

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4068 Registrar's No. 400

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mokane	c. LENGTH OF STAY (in this place) 55 year	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mokane IN OFFICE MO 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) DEC 1 1950	
3. NAME OF DECEASED (Type or Print) a. (First) Phoebe	b. (Middle) Ann	c. (Last) Jahla	4. DATE OF DEATH (Month) (Day) (Year) Dec 4 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 2	8. DATE OF BIRTH Dec. 3, 1862
9. AGE (In years last birthday) 88	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Illinois /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Henry Schwartz	
13b. MOTHER'S MAIDEN NAME Elizabeth Justice		14. NAME OF HUSBAND OR WIFE H. K. Jahla	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. DK	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nadine Drinkard, Mokane, Missouri.	
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) Spastic Coronary Artery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 1/2
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) Callaway MO	
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 10-10, 1950, to Nov 4, 1950, that I last saw the deceased alive on 10-9, 1950, and that death occurred at 9:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W.D. Payne M.D.		23b. ADDRESS R # 6, Fulton Mo	23c. DATE SIGNED 12-7-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 6, 1950	24c. NAME OF CEMETERY OR CREMATORY Mokane	24d. LOCATION (City, town, or county) (State) Mokane, Mo.
DATE REC'D BY LOCAL REG. Dec 9-1950	REGISTRAR'S SIGNATURE Marelta Lawrence 426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maupin Funeral Home, Fulton, Mo.	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 19 1950

RECEIVED

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 Walter J. Haines, Jr.

Licensed Embalmer No. 45507

P. O. Address Fulton, 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.