

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41353

State File No.

FILED DEC 20 1950

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ODESSA, MO</u>	
c. LENGTH OF STAY (In this place) <u>7 DAYS</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BEATRICE</u> b. (Middle) <u>CHARLENE</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 11 1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>DEC 10, 1919</u>
9. AGE (In years last birthday) <u>31</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>ODESSA, MO</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>CHARLES JONES</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E. SMITH</u>	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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MELVIN SCHWENKERT</u> ADDRESS <u>CONCORDIA, MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hereditary Bronchitis & asthma</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</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) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Concordia, Lafayette, MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>9/24/50</u> , to <u>12/11/50</u> , that I last saw the deceased alive on <u>12/11/50</u> , and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edmund Brock, M.D.</u> (Degree or title)		23b. ADDRESS <u>Concordia, Mo</u>	
23c. DATE SIGNED <u>12/11/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 14, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY ODESSA, MO</u>		24d. LOCATION (City, town, or county) (State) <u>ODESSA, MO</u>	
DATE REC'D BY LOCAL REG. <u>Dec 19 1950</u>		REGISTRAR'S SIGNATURE <u>Clayton N. Landrum</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. James</u>		ADDRESS <u>Concordia, Mo</u>	

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

RECEIVED 12-19-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Recd 12-19-50

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed E. D. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.