

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13361**

No. 300
10-48

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. **956** PRIMARY REG. DIST. NO. **4521** Registrar's No. **43**

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

3. NAME OF DECEASED (Type or Print)	a. (First) Jennie	b. (Middle)	c. (Last) WARSON	4. DATE OF DEATH (Month) (Day) (Year) Dec. 5 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 27, 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 0 Days 5	IF UNDER 4 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Marseilles, Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Elshah Bazby	13b. MOTHER'S MAIDEN NAME Mary Ferguson	14. NAME OF HUSBAND OR WIFE Jacob
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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 David Imrey	ADDRESS Houston, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 231X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardio-Respiratory failure		
	ANTECEDENT CAUSES DUE TO (b) Cerebral Vascular Accident Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertension + Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 18, 1949** to **Dec. 5, 1950** that I last saw the deceased alive on **Dec 4, 1950**, and that death occurred at **9:14 a.m.** from the causes and on the date stated above.

23a. SIGNATURE J. J. Burns, M.D.	(Degree or title)	23b. ADDRESS Houston, Mo.	23c. DATE SIGNED 12/5/50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-6-50	24c. NAME OF CEMETERY OR CREMATORY Rich Hill	24d. LOCATION (City, town, or county) (State) Rich Hill, Mo.
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DATE REC'D BY LOCAL REG. Dec. 18-50	REGISTRAR'S SIGNATURE Miyrtie Craig	327	25. FUNERAL DIRECTOR'S SIGNATURE Dayford V. E. Hunt	ADDRESS Houston, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1070

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 20 1950
Dist File 1250-2543
Date Filed 12-21-50

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.