

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 5086
Registrar's No. 381

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		State File No. 5086		Registrar's No. 381					
1. PLACE OF DEATH a. COUNTY Jasper					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage			c. LENGTH OF STAY (in this place) 82 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage			0493					
d. FULL NAME OF HOSPITAL OR INSTITUTION 818 E. Highland St					d. STREET ADDRESS (If rural, give location) 818 E. Highland								
3. NAME OF DECEASED (Type or Print) MARTHA			a. (First)		b. (Middle) EMILY		c. (Last) HAWORTH		4. DATE OF DEATH (Month) (Day) (Year) Feb 8, 1951				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH October 30, 1862		9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days Hours		IF UNDER 24 HRS. 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 at home		11. BIRTHPLACE (State or foreign country) Ridgefarm, Illinois				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Samuel Weeks				13b. MOTHER'S MAIDEN NAME Sarah Jane Price				14. NAME OF HUSBAND OR WIFE Jerimah H. Haworth					
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Evan Haworth, 818 Highland, Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis.</u>								INTERVAL BETWEEN ONSET AND DEATH 6 mos 151 x 20 years?			
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>9-15, 1950</u> , to <u>2-8, 1951</u> , that I last saw the deceased alive on <u>1-16, 1951</u> , and that death occurred at <u>11:40 a.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>E. J. Schell</u> (Degree or title) MD					23b. ADDRESS Carthage, Mo			23c. DATE SIGNED 2-8-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 10, 1951		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Rte 2, Carthage, Mo							
DATE REC'D BY LOCAL REG. 2-9-51		REGISTRAR'S SIGNATURE <u>L. B. Clinton, MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.								

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2/15/51
Jasper County Health Office

County File Number 51-2-122

Date Filed 2/15/51

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.