

FILED MAR 22 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 2247  
 Registrar's No. 2247

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <b>StLouis</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>StLouis</b>		<b>2049</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital No 1</b>			d. STREET ADDRESS (If rural, give location) <b>6655a Manchester</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maggie</b> b. (Middle) <b>Lee</b> c. (Last) <b>Newberry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-7-1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-3-1887</b>	9. AGE (In years last birthday) <b>63</b>	# UNDER 1 YEAR Months _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Jonesboro / Ark</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>William Ance Pauldon</b>		13b. MOTHER'S MAIDEN NAME <b>Della Hopkins</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph</b>	
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 <b>Juanita Patient</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, ashtenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) <b>Cerebral Apoplexy</b>		
			DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) _____		
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? <b>334X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:00</b> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Patricia E Taylor Coroner</b>			23b. ADDRESS <b>1300 Clark St</b>		23c. DATE SIGNED <b>3-10-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3-9-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>McDaniels Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jonesboro Ark</b>	
DATE REC'D BY LOCAL REG. <b>MAR 10 1951</b>		REGISTRAR'S SIGNATURE <b>J B Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary</b>	
				ADDRESS <b>4104 Manchester</b>	

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

2217

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 Howard P. Rowland

Signed.....  
Student Embalmer

Licensed Embalmer No. 3114

P. O. Address St Louis 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.