

FILED MAY 24 1951 STANDARD CERTIFICATE OF DEATH

State File No. 17067

Registrar's No. 111

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586

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

0490

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) "Rural" Marion		c. CITY (If outside corporate limits, write RURAL and give township) "Rural" Marion 0490	
c. LENGTH OF STAY (in this place) 32 Yrs.		d. STREET ADDRESS (If rural, give location) Route #2 Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #2 Carthage		d. STREET ADDRESS Route #2 Carthage	

3. NAME OF DECEASED (Type or Print)	a. (First) Edith	b. (Middle) May	c. (Last) CASE	4. DATE OF DEATH (Month) (Day) (Year) May 11, 1951
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5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Oct. 25, 1879	9. AGE (in years last birthday): 71	IF UNDER 1 YEAR: Months 6 Days 16	IF UNDER 24 HRS.: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Route #2 Carthage, Mo.	12. CITIZEN OF WHAT COUNTRY?: U.S.A.
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13a. FATHER'S NAME: Orville Frost	13b. MOTHER'S MAIDEN NAME: Katherine Worman	14. NAME OF HUSBAND OR WIFE: George R. Case
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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): No	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S SIGNATURE OR NAME: George R. Case	ADDRESS: Rt. #2 Carthage, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH off and on 1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis -		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 4200	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 Mar. 25, 1947, to May 11, 1951, that I last saw the deceased alive on May 10, 1951, and that death occurred at 9:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE: Charles J. Sheel M.D.	23b. ADDRESS: Carthage, Mo.	23c. DATE SIGNED: 5-12-1951
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24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 5-14-1951	24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery	24d. LOCATION (City, town, or county) (State): Carthage, Mo.
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DATE REC'D BY LOCAL REG.: 5-13-51	REGISTRAR'S SIGNATURE: J.B. Clinton, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE: Ulmer Funeral Home	ADDRESS: Carthage, Mo.
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RECEIVED 5-23-51  
Jasper County Health Office  
County File Number 51/5/421  
Date Filed 5-23-51

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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_  
*Gene C. Pugh*

Student .....  
Student Embalmer

Signed \_\_\_\_\_  
Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.