

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34458

State File No.

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4353 Registrar's No. 27

1. PLACE OF DEATH

a. COUNTY New Madrid

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo b. COUNTY New Madrid

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon 0720

d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)

a. (First) Annie b. (Middle) _____ c. (Last) Jewell

4. DATE OF DEATH (Month) (Day) (Year) 10-13-51

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH May 2, 1897 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Will Boston 13b. MOTHER'S MAIDEN NAME Unknown 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) no 16. SOCIAL SECURITY NO. no 17. INFORMANT'S SIGNATURE OR NAME Mrs. Madia Jordan - Gideon, Mo. ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach INTERVAL BETWEEN ONSET AND DEATH 1 year

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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 151X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-15, 1951, to 10-13, 1951, that I last saw the deceased alive on 10-12, 1951, and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 23b. ADDRESS Gideon, Mo 23c. DATE SIGNED 10-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE _____ 24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. 10-13-51 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS _____

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

1770

RECEIVED

OCT 29 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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

Leroy J. Tyler

Licensed Embalmer No. *1001 Ark*

P. O. Address *Figgott Ark*

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.