

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41380

State File No.

No. 300
10-48

FILED DEC 26 1951

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>575</u>		
1. PLACE OF DEATH a. COUNTY <u>HENRY CO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). STATE <u>MO</u> b. COUNTY <u>Henry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>			c. LENGTH OF STAY (in this place) <u>3 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>				
3. NAME OF DECEASED a. (First) <u>ALCESTA</u>			b. (Middle) <u>LAW</u>		c. (Last) <u>LAW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>4-4-1867</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Handkeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>WORTH CO. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Richard Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Daniels</u>		14. NAME OF HUSBAND OR WIFE <u>J. E. LAW</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Burton Miller Grand Tcty Mo</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of pelvis</u> DUE TO (c) <u>Senility also factor</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>1998</u>					20. AUTOPSY? YES <input 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) m.			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>10-16</u> , 19 <u>51</u> , to <u>12-16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6 pm 12-19-51</u> , and that death occurred at <u>11:20</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>CLINTON MO.</u>		23c. DATE SIGNED <u>12-18-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 19-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurry Tcty</u>		24d. LOCATION (City, town, or county) (State) <u>Laurry Tcty Mo</u>			
DATE REC'D BY LOCAL REG. <u>Dec-19-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

422
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RECEIVED

DEC 26 1951

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed DEC 26 1951 -----

70314-4

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 *J. B. [Signature]* -----

Licensed Embalmer No. 3038 -----

P. O. Address *Quincy, 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.

70314-4