No. 300
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1580

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

FILED MAR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9004

BIRTH NO. ____ REG. DIST. NO. 483 PRIMARY REG. DIST. NO. 5685 Registrar's No. 4 - 1952

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Browning-Rural-Jackson
c. LENGTH OF STAY (in this place): 3 months.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 mi East Laredo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Browning-Rural-Jackson 0580
d. STREET ADDRESS (If rural, give location): 8 mi East Laredo

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Elizabeth
c. (Last): Jerome

4. DATE OF DEATH (Month) March (Day) 19 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 28 1867
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months 7 Days 21
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: own Home
11. BIRTHPLACE (State or foreign country): Linn County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Jefferson McCoun
13b. MOTHER'S MAIDEN NAME: Mary Brown.
14. NAME OF HUSBAND OR WIFE: Henry T. Jerome.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Earl Jerome. ADDRESS: Browning 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) Malnutrition -
~~DUE TO~~ (c) Hip fracture — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension — old Cerebral hemorrhage 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
E962X
47
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* ____, 19____, *to* March 19, 1952, *that I last saw the deceased alive on* Feb - 27, 1952, *and that death occurred at* 12:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. P. Martin
(Degree or title): M.D.
23b. ADDRESS: Browning Mo.
23c. DATE SIGNED: 3/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/21/1952
24c. NAME OF CEMETERY OR CREMATORY: Haseville Cemetery
24d. LOCATION (City, town, or county) (State): Humphreys Mo

DATE REC'D BY LOCAL REG.: 3/21/1952
REGISTRAR'S SIGNATURE: Elva Crookshanks
25. FUNERAL DIRECTOR'S SIGNATURE: E. J. Robertson Funeral Home
ADDRESS: Laredo Mo

(Licensed Embalmer's Statement on Reverse Side)

12:10 P.M. McArtor

APR 1 [illegible]

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 J M Roberton

Signed.....
Student Embalmer

Licensed Embalmer No. 4388

P. O. Address Laredo 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.