

STANDARD CERTIFICATE OF DEATH

FILED MAR 2 - 1953

State File No.

050

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

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5039</u> Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MO</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Antlers, 1 mile</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Sarcoxie</u>		0490
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 mile south of Mouth</u>			d. STREET ADDRESS (If rural, give location) <u>No street address</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>MAKINDA</u>	c. (Last) <u>HOUSE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 21 - 1953</u>	
5. SEX <u>F</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 8 - 1872</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Jasper MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Spelman</u>		13b. MOTHER'S MAIDEN NAME <u>Jaura Moody</u>	14. NAME OF HUSBAND OR WIFE <u>John W. House</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rachel Howell</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Urinary tract infection</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pernicious Anemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> <u>4 wks.</u> <u>27 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from <u>Feb. 7</u> , 1953, to <u>Feb. 19</u> , 1953, that I last saw the deceased alive on <u>Feb. 19</u> , 1953, and that death occurred at <u>845 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Byron H. Eller M.D.</u>			23b. ADDRESS <u>Cassville, Missouri</u>		23c. DATE SIGNED <u>Feb 25 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb. 24 - 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sarcoxie MO</u>		
DATE REC'D BY LOCAL REG. <u>2-26-53</u>	REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilks Bros. Pierce City MO</u>		

AUG 21 1957

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

Edwin Wilks

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Edwin Wilks

Licensed Embalmer No.

4131

P. O. Address

Pierce City 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.