

STANDARD CERTIFICATE OF DEATH

36284

State File No. 111-111-111

FILED OCT 22 1953

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN <u>Carthage</u>	
b. CITY OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Carthage</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>13th St. Road</u>	
3. NAME OF DECEASED a. (First) <u>Myrta</u> (Type or Print)		b. (Middle) <u>A.</u> c. (Last) <u>Soence</u>	
4. DATE OF DEATH <u>Oct. 11, 1953</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept. 26, 1877</u>		9. AGE (In years) <u>76</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	
11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage, Mo. Route # 3</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel T. Moss</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Elliott</u>	
14. NAME OF HUSBAND OR WIFE <u>John Soence</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>Hobert F. Soence, Carthage, Mo. #3</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>Myofibrosis, chronic</u> ANTECEDENT CAUSES <u>Senility</u> 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. <u>Hypertension 50/11</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>12 yrs.</u>		19. DATE OF OPERATION <u>Oct. 11, 1953</u>	
19b. MAJOR FINDINGS OF OPERATION <u>Right femoral hernia, incarcerated</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) (Min.)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:50 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Emery J. M. ...</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Carthage, Mo.</u>	
23c. DATE SIGNED <u>OCT 12 1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 15, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Center Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jasper Co., Mo.</u>		DATE REC'D BY LOCAL REG. <u>10-13-53</u>	
REGISTRAR'S SIGNATURE <u>Hayden B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home, Carthage, Mo.</u>	
ADDRESS		ADDRESS	

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

101-5-10-10

RECEIVED OCT 21 1953

Jasper County Health Office

County File Number 53-10-839

Date Filed OCT 21 1953

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.....
Signature of Student Embalmer

Signed *William D. Cartledge*

Licensed Embalmer No. 4802

P. O. Address *Cartledge*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.