

FILED JUN 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19315

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5568</u>		Registrar's No. <u>2119</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Blue</u>		c. LENGTH OF STAY (in this place) <u>16 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Blue</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carl Road</u>				d. STREET ADDRESS (If rural, give location) <u>Carl Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u> b. (Middle) <u>L.</u> c. (Last) <u>Valentine</u>			4. DATE OF DEATH Month <u>June</u> (Day) <u>5</u> (Year) <u>1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 22, 1881</u>		9. AGE (in years last birthday) <u>73</u>	10. MONTHS <u>4</u>	11. DAYS <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Keokuk Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Richard L. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Georgie Marlin</u>		14. NAME OF HUSBAND OR WIFE <u>Newel F. Valentine</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 <u>Newel F. Valentine</u> ADDRESS <u>Lucas 2nd</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.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE, CARDIAC FAILURE</u></p> <p>ANTECEDENT CAUSES DUE TO (b) <u>MIXEDEMA -</u> DUE TO (c) <u>CARDIO-RENAL Vase Dis.</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH <u>3 YRS.</u> <u>5 YRS.</u> <u>10 YRS</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/2 X</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) 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>5-30-54</u> , to <u>6-5-54</u> , that I last saw the deceased alive on <u>6-5-54</u> , and that death occurred at <u>6:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. L. Johnson MD</u> (Degree or title)				23b. ADDRESS <u>RAYTOWN MO</u>		23c. DATE SIGNED <u>6-5-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 8 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Lucas 2nd</u>			
DATE REC'D BY LOCAL REG <u>6-8-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Lucas 2nd</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Eugene J. Shelton*

Licensed Embalmer No. *4700*

P. O. Address *Independence*

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.