No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23414

State File No.

BIRTH NO. REG. DIST. NO. 152 PRIMARY REG. DIST. NO. 4248 Registrar's No. 164

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carterville Mo
c. LENGTH OF STAY (In this place): 18yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jasper
c. CITY OR TOWN: Carterville
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): Mo

0490

3. NAME OF DECEASED (Type or Print): a. (First) Viola b. (Middle) Cornelia c. (Last) Hemminger
4. DATE OF DEATH (Month) (Day) (Year): 7-22-1954
5. SEX: Fe
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: 1-12-1869
9. AGE (In years last birthday): 85
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Magnolia Ill
12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME: Americus Locke
13b. MOTHER'S MAIDEN NAME: Laura Halton
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Cody Hemminger ADDRESS: Carterville Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypostatic Pneumonia — 5 days
DUE TO (c) Adenocarcinoma of Colon with metastasis — 1 yr

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Evisceration — 6 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 153 X
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* 7-30, 1953, *to* 7-22, 1954, *that I last saw the deceased alive on* 7-22, 1954, *and that death occurred at* 11:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Nordstrom (Degree or title) MD
23b. ADDRESS: Carterville, Mo
23c. DATE SIGNED: 7-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-24-54
24c. NAME OF CEMETERY OR CREMATORY: Carterville
24d. LOCATION (City, town, or county) (State): Carterville Mo

DATE REC'D BY LOCAL REG.: 7-25-54
REGISTRAR'S SIGNATURE: Emma McClintock
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Jackson & Sons Carterville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 4
Jasper County Health C
County File Number 54-8
Date Filed AUG 4 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal
by me, or by ....., Student Embalmer No. Me
working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed Wm K. Jackson
Licensed Embalmer No. 39
P. O. Address Sarcoxie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.