

FILED MAR 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6922

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 30721 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY <i>Saline</i> 0		2. USUAL RESIDENCE (Where deceased lived if known: Evidence bears a. STATE <i>Mo</i> b. COUNTY <i>Saline</i> 0971	
b. CITY OR TOWN <i>Marshall</i>	c. LENGTH OF STAY (in this place) <i>3 days</i>	c. CITY OR TOWN <i>Slater</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Biggelson-Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>844 North Elm Street</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>OLA</i> b. (Middle) <i>BROWN</i> c. (Last) <i>JAYCOX</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Febry 24-1955</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May-29-1879</i>	9. AGE (in years last birthday) Months Days Hours Min. <i>75-8-25</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Near Slater, Saline Co Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>John Brown</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Ely Cameron</i>	14. NAME OF HUSBAND OR WIFE <i>J.A. Jaycox</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>J.A. Jaycox</i> ADDRESS <i>Slater Mo</i>
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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		INTERVAL BETWEEN ONSET AND DEATH <i>40 hrs.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral embolus</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Thrombophlebitis, left lower leg</i> DUE TO (c) <i>Furunculosis, both legs</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>400X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from *2-28*, 1955 to *2-24*, 1955, that I last saw the deceased alive on *2-23*, 1955, and that death occurred at *3:50 AM* from the causes and on the date stated above.

23a. SIGNATURE <i>P.A. McBurney, M.D.</i> (Degree or title)	23b. ADDRESS <i>Slater, Mo.</i>	23c. DATE SIGNED <i>2/29/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>2-26-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Slater City Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Slater, Mo</i>
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DATE REC'D BY LOCAL REG. <i>Feb 25-55</i>	REGISTRAR'S SIGNATURE <i>Cecil J. Reed</i> 385	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. E. Jones</i> ADDRESS <i>Slater Mo</i>
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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.....  
Signature of Student Embalmer

Signed *James E. Jo*.....  
Licensed Embalmer No. *3*.....  
P. O. Address *State*.....

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.