.300
.48

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

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23185

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5949 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOOTHE. Cuivre twp
c. LENGTH OF STAY (In this place):
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: Pike
c. CITY OR TOWN: Bowling Green
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 080 0

3. NAME OF DECEASED (Type or Print)
a. (First): MARISSA
b. (Middle): EDNA
c. (Last): JAMESON

4. DATE OF DEATH (Month) (Day) (Year): July 16 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Aug 29 1870
9. AGE (In years last birthday): 84
If under 1 year: Months: 10 Days: 17
If under 24 hrs.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Pike Co Ills
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Daniel Walker
13b. MOTHER'S MAIDEN NAME: Matilda Mackenhill
14. NAME OF HUSBAND OR WIFE: James Jameson
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.: none
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs C.R Mahan Bowling Green Mo

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemmorridge from Lung — INTERVAL BETWEEN ONSET AND DEATH: 5 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchitis — 10 yrs
DUE TO (c)

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: 5260 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* _____ *19*30, *to* July 16, *19*55, *that I last saw the deceased alive on* July 15, *19*55, *and that death occurred at* 24 *m., from the causes and on the date stated above.*

23a. SIGNATURE: G.M. Mathews (Degree or title) MD
23b. ADDRESS: Bowling Green Mo
23c. DATE SIGNED: 7-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 17
24c. NAME OF CEMETERY OR CREMATORY: Eolia
24d. LOCATION (City, town, or county) (State): Eolia Pike Co. Mo

DATE REC'D BY LOCAL REG.: July 29-55
REGISTRAR'S SIGNATURE: Bill Robinson 254
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Grace Bankhead Bowling Green Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4..

P. O. Address

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