

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9434**

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3093** Registrar's No. **245**

537
0

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

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon	
c. LENGTH OF STAY (in this place) 10 yrs.		0537	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memorial		d. STREET ADDRESS (If rural, give location) 111 N. Adams	

3. NAME OF DECEASED (Type or Print) a. (First) Carrie b. (Middle) Melvina c. (Last) England			4. DATE OF DEATH (Month) (Day) (Year) March 15, 1950		
--	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 29 1866	9. AGE (In years last birthday) 83	10. UNDER 1 YEAR Days 11	10. UNDER 1 YEAR Hours 16	10. UNDER 1 YEAR Min. _____
----------------------	-------------------------------	---	---------------------------------------	---	---------------------------------	----------------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME Mariner Maudsley	13b. MOTHER'S MAIDEN NAME Amanda Campbell	14. NAME OF HUSBAND OR WIFE Wm. England
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice B. Spinnagel	17. ADDRESS Lebanon 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 175/50
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility & Avitaminosis		
	DUE TO (c) Chr. arthritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bowel Obstruction			331X

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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 **1940**, to **16 Mar, 1950**, that I last saw the deceased alive on **15 Mar, 1950**, and that death occurred at **3:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Faul A. Jenkins M.D. (Degree or title)	23b. ADDRESS Lebanon Mo	23c. DATE SIGNED 16 Mar 50
--	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 17 1950	24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	24d. LOCATION (City, town, or county) (State) Clinton Missouri
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 3-17-1950	REGISTRAR'S SIGNATURE Hella L. Mayo	424	25. FUNERAL DIRECTOR'S SIGNATURE W.E. Holman	25. ADDRESS Lebanon Mo
---	--	-----	---	-------------------------------

Received MAR 18 1950

Laclede Courty Health Unit

File No. 3-50-46

Date Filed MAR 22 1950

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

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.