

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34173**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived: If institution: residence of _____) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mineral</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mineral</u>	
c. LENGTH OF STAY (In this place) <u>10 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles S.W. of Alba</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Miles S.W. of Alba</u>			

3. NAME OF DECEASED a. (First) <u>Mary</u> (Type or Print)	b. (Middle) <u>I.</u>	c. (Last) <u>Colerick</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 13, 1857</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Graham, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>no data Brown</u>	13b. MOTHER'S MAIDEN NAME <u>no data</u>	14. NAME OF HUSBAND OR WIFE <u>widowed</u>
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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)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mable Wood Webb City, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>hrs</u> <u>4 2/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> 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	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)	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 Aug 18, 1949, to Oct 17, 1949, that I last saw the deceased alive on Oct 17, 1949, and that death occurred at 4:15a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. D. Doney</u>	23b. ADDRESS <u>Alba - Mo</u>	23c. DATE SIGNED <u>10-17-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>10/18/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch, Neb.</u>	24d. LOCATION (City, town, or county) (State) <u>Antioch, Nebraska</u>
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DATE REC'D BY LOCAL REG. <u>OCT. 18. 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedge-Lewis Webb City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49000

RECEIVED 10-25-49
Jasper County Health Office

County File Number 49-10-803

Date Filed 10-28-49

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 *Richard Gray Lewis*

Licensed Embalmer No. 4405

P. O. Address *Webb City, 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.