

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9467

0540

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

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>5639</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Lafayette</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twns</u>		c. LENGTH OF STAY (In this place) <u>30 Yrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION	
a. STATE <u>Missouri</u>		b. COUNTY <u>Lafayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twns.</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles N E of Odessa</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Margaret</u>			b. (Middle) <u>Minniear</u>			c. (Last) <u>1950</u>	
a. (First) <u>Mar.</u>			b. (Middle) <u>3</u>			c. (Last) <u>1950</u>	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>June 16, 1871</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		IF UNDER 11 HRS. Hours	
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		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. A. Loggins</u>			13b. MOTHER'S MAIDEN NAME <u>Rhoda Cubine</u>			14. NAME OF HUSBAND OR WIFE <u>-----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ed Ainsworth, 4344 Holly, K.C. Mo</u>			
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Arteriosclerosis (Yes)</u>				<u>2 da</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				<u>Indefinite</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>331X</u>	
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) (Min)		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 <u>Feb 24, 1950</u> , to <u>Mar 2, 1950</u> , that I last saw the deceased alive on <u>Mar 1, 1950</u> , and that death occurred at <u>1:45 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. F. Slaughter, D.O.</u>				23b. ADDRESS <u>Odessa, Missouri</u>		23c. DATE SIGNED <u>Mar 3 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 4, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 4-1950</u>		REGISTRAR'S SIGNATURE <u>Letta Drummond</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Husman Sparks</u>		ADDRESS <u>Odessa, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-22-50

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 *James L. Newham*

Licensed Embalmer No. *254*

P. O. Address *Albany, 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.