

FILED AUG 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 25878

BIRTH NO. _____		REG. DIST. NO. <u>367</u>		PRIMARY REG. DIST. NO. <u>4537</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Irondale</u>		c. LENGTH OF STAY (in this place) <u>7 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Irondale</u>		1100			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) <u>DOCIA</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>July-28-1950</u>			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>July-18-1870</u>			9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>10</u> Days _____		IF UNDER 1 HR. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Washington Co. Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William S. Jinkerson</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Huitt</u>			14. NAME OF HUSBAND OR WIFE <u>George Martin</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Homer Frago Irondale, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic cardiovascular disease</u>						<u>unknown</u>	
		DUE TO (c) <u>Partial cirrhosis</u>						<u>about 10 yrs</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) <u>fall</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10:30 AM 7/28/50</u>		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>July 1, 1950</u> , to <u>July 28, 1950</u> , that I last saw the deceased alive on <u>July 27, 1950</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. K. Foster</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Desloge, Missouri</u>			23c. DATE SIGNED <u>7-29-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July-30-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Aug. 1/1950</u>		REGISTRAR'S SIGNATURE <u>Hessie Eichenberger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SPARKS</u>		ADDRESS <u>Flat River, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 1950

WASH. COUNTY HEALTH DEPT

File No. 850-17

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....
Murphy Sparks

Licensed Embalmer No. 4236

P. O. Address. Hot River, 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.

Wash County Health Dept