

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1540

FILED JAN 17 1951

State File No. _____
Registrar's No. 13

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Webb City	
c. LENGTH OF STAY (in this place) 5yr		d. STREET ADDRESS (If rural, give location) 204 N. Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 204 N. Jefferson			
3. NAME OF DECEASED a. (First) HATTIE b. (Middle) MAY HEATH c. (Last) BOUSE			4. DATE OF DEATH (Month) (Day) (Year) January 9, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 24, 1880
9. AGE (In years last birthday) 70		10. MONTH 3	11. DAY 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY House-wife	11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Harry Heath		13b. MOTHER'S MAIDEN NAME no data	14. NAME OF HUSBAND OR WIFE Tom Bouse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tom Bouse Webb City, Missouri
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute congestive failure INTERVAL BETWEEN ONSET AND DEATH 1 hour. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left ventricular hypertrophy + strain apical & anterior wall infarction DUE TO (c) hyper-tension + atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diaphragmatic hernia diverticulosis of colon + cholelithiasis 2. mo 2 mo 4/4/3 X	
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) m.		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 11-22, 1946, to 1-9, 1951, that I last saw the deceased alive on 1-7, 1951, and that death occurred at 7:30 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Tom Ferguson		23b. ADDRESS no Webb City, Mo	23c. DATE SIGNED 1/12/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-12-51	24c. NAME OF CEMETERY OR CREMATORY Girard Cemetery	24d. LOCATION (City, town, or county) (State) Girard, Kansas
DATE REC'D BY LOCAL REG. Jan 13-51		REGISTRAR'S SIGNATURE V.L. Dutchede	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Missouri

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

RECEIVED 1-16-51
Jasper County Health Office

County File Number 51-1-10
Date Filed 1-16-51

FEB 15 1951

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 Richard Gray Lewis

Signed.....
Student Embalmer

Licensed Embalmer No. 4495

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.