

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

317051

State File No. _____
Registrar's No. 115

5493
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BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028	
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) OR TOWN r. Carthage Jackson		c. LENGTH OF STAY (In this place) . 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural -- Jackson 1490		
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			d. STREET ADDRESS (If rural, give location) Route 4, Carthage		
3. NAME OF DECEASED (Type or Print) a. (First) MATTIE		b. (Middle) JANE	c. (Last) WHITE	4. DATE OF DEATH (Month) (Day) (Year) May 18, 1951	
5. SEX / female	6. COLOR OR RACE / white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) / married	8. DATE OF BIRTH / Nov 9, 1871	9. AGE (In years last birthday) / 79	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) / housewife	10b. KIND OF BUSINESS OR INDUSTRY / at home	11. BIRTHPLACE (State or foreign country) / Jasper County, Missouri		12. CITIZEN OF WHAT COUNTRY? / USA	
13a. FATHER'S NAME / George Largent		13b. MOTHER'S MAIDEN NAME / Elizabeth Largent		14. NAME OF HUSBAND OR WIFE / George White	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / no	16. SOCIAL SECURITY NO. / none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George White, Rte 4, Carthage, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Chl. septicus</u> DUE TO (c) <u>uric acid</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>unknown</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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 5-17 - 1951, to 5-18, 1951, that I last saw the deceased alive on 5-18 - 1951, and that death occurred at 6:00p m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
<u>[Signature]</u>		304 Grant - Carthage, Mo.		5-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) / burial	24b. DATE / May 21, 1951	24c. NAME OF CEMETERY OR CREMATORY / Sterling Cemetery	24d. LOCATION (City, town, or county) (State) / Jasper County, Missouri.		
DATE REC'D BY LOCAL REG. / 5-21-51	REGISTRAR'S SIGNATURE / <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / Knell Mortuary Carthage, Mo.	

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

RECEIVED 5-28-51
Jasper County Health Office

County File Number 51/5/425
Date Filed 5-28-51

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 Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Carthage, 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.