

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8210**

FILED MAR 27 1952

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5554 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Howeell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Howeell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Petersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Petersville</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>RFD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		e. CITY OR TOWN <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada</u> b. (Middle) <u>Agnes</u> c. (Last) <u>Constock</u>			4. DATE OF DEATH (Month) <u>2</u> (Day) <u>25</u> (Year) <u>52</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH (last birthday) <u>10/10-1878</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months <u>4</u> Days <u>15</u>	11. IF UNDER 1 HR. Hours <u></u> Mins. <u></u>
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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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Columbus, Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Lafayette Jones</u>	13b. MOTHER'S MAIDEN NAME <input checked="" type="checkbox"/>	14. NAME OF HUSBAND OR WIFE <u>N.P. Constock</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) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Ms. H.O. Peterswood, Petersville</u>	ADDRESS <u>Petersville</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10/2, to 2/25, 1952, that I last saw the deceased alive on 2-25, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Daniel B. Lewis D.O. Babinfield, Mo.</u>	23b. ADDRESS	23c. DATE SIGNED <u>3-10-52</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>2-26-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marley</u>	24d. LOCATION (City, town, or county) (State) <u>Marley Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-24-52</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	379 FUNERAL DIRECTOR'S SIGNATURE <u>Robelms McHarris</u>	ADDRESS <u>Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

460
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MAY 21 1954

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.....

D. D. Roberts

Licensed Embalmer No. *3482*

P. O. Address *West Plains, 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.