S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1952

State File No. 37948

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4089 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Carter
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandin
c. LENGTH OF STAY (In this place): 74 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grandin, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carter
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandin
d. STREET ADDRESS (If rural, give location): Grandin, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah Jane
b. (Middle):
c. (Last): Rongey

4. DATE OF DEATH (Month) (Day) (Year): Nov. 11, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 19, 1872
9. AGE (In years last birthday): 80 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): French Lick, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Rube Williams
13b. MOTHER'S MAIDEN NAME: Delphia Riley
14. NAME OF HUSBAND OR WIFE: J.C. Rongey (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: E.C. Rongey
ADDRESS: Grandin, 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) Nephritis acute — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Nephritis Chronic — 3 years

DUE TO (c) arteriosclerosis — 10 years

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: 24 of 6 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1950, *to* Nov 11, 1952, *that I last saw the deceased alive on* Oct 30, 1952, *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank C. Johnson (Degree or title): M.D.
23b. ADDRESS: Doniphan
23c. DATE SIGNED: 11-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: Bristol Cemetery
24d. LOCATION (City, town, or county) (State): Fremont, Mo. Mo

DATE REC'D BY LOCAL REG.: Nov. 25-52
REGISTRAR'S SIGNATURE: Mrs Octa Henson 50-0
25. FUNERAL DIRECTOR'S SIGNATURE: Black-Edwards
ADDRESS: Doniphan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

YS JUN 1 0 1960

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 George A. Kerfed

Licensed Embalmer No. 4752

P. O. Address Doniphan, 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.