

FILED FEB 3 1956 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

629

State File No.

BIRTH NO. REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5252 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MO.TWP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-KEYTESVILLE TWP.	
c. LENGTH OF STAY (in this place) 2-WEEKS		d. STREET ADDRESS (If rural, give location) 8-MILES N.E. OF KEYTESVILLE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MO.TWP.12-MILES S.E.KEYTESVILLE			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) RACHEL c. (Last) ELI			4. DATE OF DEATH (Month) (Day) (Year) JAN. 26th, 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH OCT. 4th, 1871		9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work or business during working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (State or foreign country) HUNTERSVILLE W. VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES A. JORDON		13b. MOTHER'S MAIDEN NAME ANN R. SHARP		14. NAME OF HUSBAND OR WIFE REUBEN ELI	
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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 ADDRESS MRS. GILBERT CASH, KEYTESVILLE, MO.			
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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, asthenia, etc. - It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis - Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. 443X				INTERVAL BETWEEN ONSET AND DEATH 7 days Sick prior
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from Jan 16, 1956 to Jan 26, 1956, that I last saw the deceased alive on Jan 26, 1956, and that death occurred at 12:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl E. Meyer	23b. ADDRESS M.D. 9 Keytesville, Mo	23c. DATE SIGNED 1/28/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 29th, 1956	24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	24d. LOCATION (City, town, or county) (State) DALTON, MO.
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DATE REC'D BY LOCAL REG. Feb 1-56	REGISTRAR'S SIGNATURE Mildred Boone	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hyd. & Gravett KEYTESVILLE, MO
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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

A. D. Smith

Licensed Embalmer No.

3046

P. O. Address

Keyport, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.