No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8451

BIRTH NO. FILED APR 8 1954 REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 83

470
1

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bannen, Mo 470 0
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Rosie b. (Middle) c. (Last) Jaycox

4. DATE OF DEATH (Month) 4- (Day) 2- (Year) 1954

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
1 Female	White Caus	Married	12-16-1877	76-3-16	3	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Bellevue, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Mr. James Livingood
13b. MOTHER'S MAIDEN NAME Catherine Treaster
14. NAME OF HUSBAND OR WIFE Mr. Charles Edward Jaycox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. No.
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS M.C.E. Jaycox Husband - Bannen 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) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
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 4221
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* March 17, 1954, *to* April 2, 1954, *that I last saw the deceased alive on* April 1, 1954, *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. Nicholson Hood M.D.
23b. ADDRESS Ironton Mo.
23c. DATE SIGNED 4-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 4-1954
24c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery
24d. LOCATION (City, town, or county) (State) Arcadia Mo.

DATE REC'D BY LOCAL REG. April 7 1954
REGISTRAR'S SIGNATURE Mrs Elizabeth Logan 129-J
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alvin W. Hood - 303 Cross St. Flat River, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Alvin W Hood

Licensed Embalmer No. 2180.

P. O. Address 303 Crane St. Flat Rive

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.