

FILED JUL 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23899**

50006
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>2220</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro		c. LENGTH OF STAY (in this place) 2 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belgrade		110 0 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cedar Grove Nursing Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Annice c. (Last) Ives			4. DATE OF DEATH (Month) (Day) (Year) June 13, 1949				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed		8. DATE OF BIRTH Aug. 2, 1869	
9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Months 16 Days 11		11. BIRTHPLACE (State or foreign country) Belgrade, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Marion Wiley		13b. MOTHER'S MAIDEN NAME Sarah Turner		14. NAME OF HUSBAND OR WIFE William Ives			
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 AND ADDRESS Mrs. Bert Smith, 4320 McPherson St. Louis, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION					INTERVAL BETWEEN INTERVAL AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis with mental deterioration.					6 months
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis					? 6 months +
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General infirmities of old age.					4 2 2 ✓
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>March</u> , 19 <u>49</u> , to <u>June 13, 1949</u> , that I last saw the deceased alive on <u>June 13, 1949</u> , and that death occurred at <u>8:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas A. Sornell M.D.				23b. ADDRESS Desoto, Mo.		23c. DATE SIGNED 6-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE June 14, 49		24c. NAME OF CEMETERY OR CREMATORY Bennett Bryan cemetery - Belgrade, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 7/17/49		REGISTRAR'S SIGNATURE Kathleen Marsden		25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton, Mo.		ADDRESS	

District File Number
District Health Officer No. 9
RECEIVED
JUL 20 1949

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 Paul J. White

Licensed Embalmer No. 3012

P. O. Address Ironton, Missouri

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.