

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 8 1949 STANDARD CERTIFICATE OF DEATH

9280

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>219</u>		PRIMARY REG. DIST. NO. <u>2791</u>		Registrar's No. <u>5</u>									
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California Rural District</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California Rural District</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION		1													
3. NAME OF DECEASED (Type or Print) <u>MATILDA E JONES.</u>			a. (First)			b. (Middle) <u>E</u>			c. (Last) <u>JONES.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 26 1949.</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>FEB. 29-1871</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Days		11. IF UNDER 2 HRS. Hours		12. IF UNDER 2 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Jefferson City Mo</u>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>E. E. Roark.</u>				13b. MOTHER'S MARDEN NAME <u>Jane Simpson</u>				14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Cate Dancy</u>				ADDRESS <u>California Mo.</u>			
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) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Artero-sclerosis</u> DUE TO (c) <u>Gangrene of R. Leg</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>331A</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.				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>Mar 1</u> , 19 <u>49</u> , to <u>Mar 26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 25</u> , 19 <u>49</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE <u>Walter L. Lueck, M.D.</u> (Degree or title)						23b. ADDRESS <u>Russellville Mo</u>				23c. DATE SIGNED <u>3-29-49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>MAR 29-49</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Mt Carmel Cem</u>				24d. LOCATION (City, town, & county) (State) <u>Russellville MO</u>			
DATE REC'D BY LOCAL REG. <u>3/30/49</u>				REGISTRAR'S SIGNATURE <u>C. H. Nail</u> 19 <u>8</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Steffens</u>				ADDRESS <u>Russellville Mo</u>			

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RECEIVED
DICKENS CLASS NO. 9,
DATE FILED APR 7 1949

APR 8 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 *G. S. Stephens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville 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.