

FILED MAR 30 1949 STANDARD CERTIFICATE OF DEATH

BIRTH NO. 49-003491 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 579 Registrar's No. 8

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

69000

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison, Rural</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jula Lynn</u> b. (Middle) <u>James</u> c. (Last) <u>James</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 21 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>2/5-1949</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Woodland Hospital 0</u>	
13a. FATHER'S NAME <u>Charles Lee Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Hellen Jane Hayes</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Lee Jones Madison, MO. R.E.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S. 9</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE <u>No</u> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Madison, PFD Monroe MO</u>
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 3-20, 1949, to 3-21, 1949, that I last saw the deceased alive on 3-21, 1949, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.C. Buffety, MD</u>	23b. ADDRESS <u>Madison, MO</u>	23c. DATE SIGNED <u>3-22-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3/23-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Madison MO</u>
DATE REC'D BY LOCAL REG. <u>Mar. 23, 1949</u>	REGISTRAR'S SIGNATURE <u>Oliver Little</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred W. Thompson</u>	ADDRESS <u>Madison, MO</u>

RECEIVED

District Health Officer No. 1

District File Number 3-49-54

Date Filed MAR 29 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.

Signed _____

Paul G. Thompson

Signed.....

Student Embalmer

Licensed Embalmer No. 1420

P. O. Address Madison 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.