

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31193

BIRTH NO. _____		REG. DIST. NO. 243		PRIMARY REG. DIST. NO. 5831		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Franklin		c. LENGTH OF STAY (in this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stark City, Mo.		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION None /				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Marilda			b. (Middle) Jones			c. (Last) Jones	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 13 1949		5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH January 19 1865		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 7		IF UNDER 24 HRS. Days 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Arkansas /		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Samuel Cook		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Scott Jones (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME A. M. Jones ADDRESS Fairview, Mo. R#			
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) Cholera Morbus				INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		DUE TO (c)		10 yrs		5911	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis				10 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Sept 1, 1949 , to Sept 13, 1949 , that I last saw the deceased alive on Sept 13, 1949 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) O. S. McCallister				23b. ADDRESS Wheaton Mo		23c. DATE SIGNED Sept. 14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/15/49		24c. NAME OF CEMETERY OR CREMATORY Wanda Cem.		24d. LOCATION (City, town, or county) (State) Stark City, Mo. / R#	
DATE REC'D BY LOCAL REG. 9-18-1949		REGISTRAR'S SIGNATURE Alpha Dyer 369		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Marustope Wheaton Mo ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON Co HEALTH UNIT
District File Number 949-162
Date Filed SEP 27 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

James Kenneth Duncan Student Embalmer No. 308
working under my personal supervision.

James Kenneth Duncan Student
Signed Wm. Morris Pogue
Student Embalmer

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.