

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33391

State File No.

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5337 Registrar's No. 90

24
3

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pilgram twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pilgram twp.</u>	
c. LENGTH OF STAY (In this place) <u>58 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt #1, 3 mi W of Everton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi W of Everton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Louisa</u> c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12, 1949</u>
--	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 1, 1865</u>	9. AGE (In years last birthday) (If under 1 year: Months, Days) (If under 12 mos.: Hours, Min.) <u>83</u>
-----------------	---------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Dade County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	---	---

13a. FATHER'S NAME <u>Sol Garver</u>	13b. MOTHER'S MAIDEN NAME <u>Angeline Steeley</u>	14. NAME OF HUSBAND OR WIFE <u>Martin Jones</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wesley Jones</u>	ADDRESS <u>Rt #1, Everton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	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 (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)	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 Dead on arrival, that I last saw the deceased alive on 19, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. R. Cain</u>	(Degree or title)	23b. ADDRESS <u>Greenfield Mo</u>	23c. DATE SIGNED <u>10/13/49</u>
-------------------------------------	-------------------	--------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 16, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dade County, Mo.</u>
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>10-14-49</u>	REGISTRAR'S SIGNATURE <u>Geo. L. Weir</u>	790	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>	ADDRESS <u>Greenfield, Mo.</u>
---	--	-----	---	-----------------------------------

RECEIVED OCT 17 1949
District Health Office No. 6,
District File Number 1049-1168
Date Filed 10-31-49

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

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, Me.

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.