

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34727

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5986</u>		Registrar's No. <u>146</u>					
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Tavern</u>				c. LENGTH OF STAY (In this place) <u>10 days</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>/</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker,</u>							
d. STREET ADDRESS (If rural, give location)				3. NAME OF DECEASED a. (First) <u>Maud</u> b. (Middle) _____ c. (Last) <u>Jones</u>							
4. DATE OF DEATH (Month) (Day) (Year) <u>10-29-49</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>2-26-1884</u>				9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>3</u> IF UNDER 1 HRs. Hours <u>3</u> Min. _____							
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 _____							
11. BIRTHPLACE (State or foreign country) <u>Pulaski Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Frank Payne</u>				13b. MOTHER'S MAIDEN NAME <u>D.K.</u>							
14. NAME OF HUSBAND OR WIFE <u>Wilbur Jones, Deceased</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. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Leo Jones, Crocker,</u> ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 yrs.</u> <u>331X</u>			
19a. DATE OF OPERATION <u>✓</u>				19b. MAJOR FINDINGS OF OPERATION _____							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>							
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 <u>Oct. 27</u> , 19 <u>48</u> , to <u>Oct. 29</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>Oct 29</u> , 19 <u>48</u> , and that death occurred at <u>3 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John A. Mikalovich M.D.</u>				23b. ADDRESS <u>Crocker Mo.</u>							
23c. DATE SIGNED <u>10-30-49</u>				24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 24b. DATE <u>10-30-49</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemetery</u> 24d. LOCATION (City, town, or county) (State) <u>Crocker, Pulaski Co. Mo.</u>							
DATE REC'D BY LOCAL REG. <u>11-9-49</u>				REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u> 389 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. L. Hoops & Sons, Crocker, Mo.</u>							

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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 B Hoop

Licensed Embalmer No. 3261

P. O. Address Crocker Ma

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.