

FILED NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36712

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 5302 Registrar's No. 9

26  
9

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

1. PLACE OF DEATH a. COUNTY <i>Cole</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cole</i> 26	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Hensley Rural Clark</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Hensley Rural Clark</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1</i>		d. STREET ADDRESS (If rural, give location) <i>0</i> <i>0</i>	
3. NAME OF DECEASED a. (First) <i>FLORA</i> b. (Middle) <i>LAVERNE</i> c. (Last) <i>JONES.</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 9-1949</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 10-1889</i>
9. AGE (In years last birthday) <i>62</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Shreveport Wis</i>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <i>Porter W. Smith</i>	13b. MOTHER'S MAIDEN NAME <i>Malina Reed</i>	14. NAME OF HUSBAND OR WIFE <i>H.C. Jones</i>	
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 <i>Mrs Ernest Irwin Esteville</i>	
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) <i>Myocarditis chronic</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cordis and vascular Dis</i> 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	
19a. DATE 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) (Min)	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 <i>Aug</i> , 1945, to <i>Nov</i> , 1949, that I last saw the deceased alive on <i>Nov 8</i> , 1949 and that death occurred <i>10:00</i> A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>M. E. Humphrey D.O.</i>		23b. ADDRESS <i>Tusculumbia, Mo.</i>	23c. DATE SIGNED <i>11-10-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Nov. 12-1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Central Cem Russellville Mo</i>	24d. LOCATION (City, town, or county) (State) <i>Russellville Mo</i>
DATE REC'D BY LOCAL REG. <i>Nov. 14-1949</i>	REGISTRAR'S SIGNATURE <i>Mrs. J. L. Glavin</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Steffens Russellville Mo</i>	

RECEIVED 11-21-49  
District Health Officer No. 9,  
District File Number

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. H. Steffens*

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.