

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40629

FILED DEC 23 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u>	
c. LENGTH OF STAY (In this place) <u>32 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEX RAVENSWAAY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>633 EAST WATER</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>GUSTAVIA</u> c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 4-1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MAY 24 - 1917</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DAY LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MAID</u>	11. BIRTHPLACE (State or foreign country) <u>BOONVILLE MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>COLEY BANKS</u>	13b. MOTHER'S MAIDEN NAME <u>STELLA MAE BANKS</u>	14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-22-8769</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JACK BRISCOE</u>	ADDRESS <u>BOONVILLE MO.</u>
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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) <u>acute cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4343</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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10/18 1949, to 10/14, 1949, that I last saw the deceased alive on 10/14, 1949, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Boonville Mo</u>	23c. DATE SIGNED <u>10/13/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 6-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BOONVILLE - MO.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 12-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>381</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STEGNER FUNERAL HOME</u>	ADDRESS <u>BOONVILLE MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 19

District Health Officer No. 8,

District File Number _____

Date Filed 12-22-49

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.

Signed _____

James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, Mo.

Signed _____
Student Embalmer

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.