

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40750

State File No.

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Lyon Twp)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Lyon Twp)</u>	
c. LENGTH OF STAY (in this place) <u>18 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Herald, mo R#10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Herald, mo R#1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LYDDA</u>		b. (Middle) <u>LEONA</u>	
c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 23, 1877</u>
9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>1</u> Day <u>6</u>	IF UNDER 48 HRS. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lin Harmon</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy</u>	
14. NAME OF HUSBAND OR WIFE <u>(unknown) Wm Edward Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W.E. Jones</u>		ADDRESS <u>Herald, mo R#1</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial sclerosis</u>			
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 <u>Dec 27, 1949</u> , to <u>Dec 29, 1949</u> , that I last saw the deceased alive on <u>Dec 28, 1949</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas A Schmitt</u>		23b. ADDRESS <u>Herald</u>	
23c. DATE SIGNED <u>12-30-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-7-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anaconda</u>		24d. LOCATION (City, town, or county) (State) <u>Anaconda, mo</u>	
DATE REC'D BY LOCAL REG. <u>12-30-49</u>		REGISTRAR'S SIGNATURE <u>H. H. Mattheis</u>	
25. FURNERAL DIRECTOR'S SIGNATURE <u>David C Russell</u>		ADDRESS <u>Chas</u>	

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

15

242

11

District File Number
District North Officer No. 9,
RECEIVED
JAN 1 1 1950

37.50

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. 347

working under my personal supervision.

Student Ralph Altman.....
Student Embalmer

Signed R. F. Altman

Licensed Embalmer No. 1686

P. O. Address Union, 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.

[Handwritten signature]

15-30-47