

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 500

0190

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

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4095		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Cass.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give town) Drexel,		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>		c. CITY (If outside corporate limits, write RURAL and give township) Drexel.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Not in hospital. Own Home.				d. STREET ADDRESS (If rural, give location) No street numbers.			
3. NAME OF DECEASED (Type or Print) a. (First) RHODA		b. (Middle) KIRTS		c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced.		8. DATE OF BIRTH Sep. 12, 1873.	
9. AGE (In years last birthday) 76		10. MONTHS 4		11. DAYS 19		IF UNDER 1 YEAR: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household Duties.		10b. KIND OF BUSINESS OR INDUSTRY At Home.		11. BIRTHPLACE (State or foreign country) Miami, County, Kansas.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David Kirts.		13b. MOTHER'S MAIDEN NAME Mary J. Ellis.		14. NAME OF HUSBAND OR WIFE Lee Jones.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None.		17. INFORMANT'S SIGNATURE OR NAME Emory Jones, Drexel, Mo. ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach symptoms for 6 mo. ANTECEDENT CAUSES Morbidity 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. Terminal disseminated hypostatic Pneumonia 4 da				INTERVAL BETWEEN ONSET AND DEATH 151X	
19a. DATE OF OPERATION none		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) (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 Jan 2, 1950 , to Feb. 1, 1950 , that I last saw the deceased alive on Feb. 1, 1950 , and that death occurred at 5:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Laura J. Jones				23b. ADDRESS Drexel, Missouri.		23c. DATE SIGNED 2/2/50.	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Burial 2/3/50.		24c. NAME OF CEMETERY OR CREMATORY New Lancaster		24d. LOCATION (City, town, or county) (State) New Lancaster, Kans.	
DATE REC'D BY LOCAL REG. 2/3/50		REGISTRAR'S SIGNATURE Laura J. Jones		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Drexel, Mo.	

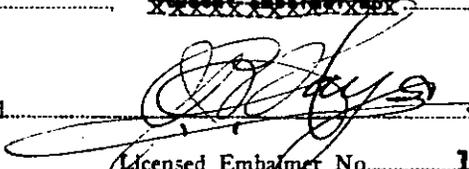
(Licensed Embalmer's Statement on Reverse Side)

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 ~~XXXXXXXXXXXX~~

working under my ~~XXXXXX supervision~~

Signed.....

~~Student Embalmer~~

Licensed Embalmer No. 1950

Signed.....
Student Embalmer

P. O. Address: Drexel, Missouri.

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.