

FILED MAR 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3839

BIRTH NO. _____ REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 40113 Registrar's No. 211

5090
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY BOLLINGER	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MARBLE HILL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MARBLE HILL	
c. LENGTH OF STAY (in this place) LIFE TIME		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED a. (First) DAISY b. (Middle) M. c. (Last) JONES			4. DATE OF DEATH (Month) (Day) (Year) FEB. 23 1950		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 22, 1882	9. AGE (In years last birthday) 67	10. UNDER 1 YEAR 6 11. UNDER 12 HRS. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOBF		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MARBLE HILL, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME STEPHEN H. ALLEN		13b. MOTHER'S MAIDEN NAME MARGARET E. CALDWELL		14. NAME OF HUSBAND OR WIFE ROY F. JONES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ROY F. JONES ADDRESS MARBLE HILL, MO.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis			INTERVAL BETWEEN ONSET AND DEATH 331X
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Cholesterol			
		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 checked="" 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 25, 1950** to **Feb 23, 1950**, that I last saw the deceased alive on **Feb 23, 1950**, and that death occurred at **Lisop, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE W. D. Payne M.D. (Degree or title)		23b. ADDRESS Putwell New 7/27/50		23c. DATE SIGNED _____	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-25-50		24c. NAME OF CEMETERY OR CREMATORY HAHN CHAPEL CEM	
				24d. LOCATION (City, town, or county) (State) MARBLE HILL MO.	

DATE REC'D BY LOCAL REG. Feb 27, 1950		REGISTRAR'S SIGNATURE Willie Dawn Ambwigh		25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME ADDRESS WUTESVILLE, MO.	
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RECEIVED

MAR 7 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-325

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 J. E. Graham

Signed _____
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.