

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4338**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY COOPER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COOPER		
b. CITY (If outside corporate limits, write RURAL and give township) BOONVILLE		c. LENGTH OF STAY (in this place) 36 yr	c. CITY (If outside corporate limits, write RURAL and give township) BOONVILLE		0272
d. FULL NAME OF HOSPITAL OR INSTITUTION 1014 4th STREET			d. STREET ADDRESS (If rural, give location) 1014 4th STREET		

3. NAME OF DECEASED (Type or Print) EMMA B. JONES			4. DATE OF DEATH (Month) (Day) (Year) FEB. 28-1950	
a. (First)	b. (Middle)	c. (Last)		

5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH OCT. 25 - 1914	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITRESS		10b. KIND OF BUSINESS OR INDUSTRY WAITRESS		11. BIRTHPLACE (State or foreign country) BOONVILLE - MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME RICHARD JONES		13b. MOTHER'S MAIDEN NAME SARAH CARTER		14. NAME OF HUSBAND OR WIFE NONE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 493-28-974	17. INFORMANT'S SIGNATURE OR NAME ADDRESS RICHARD JONES-BOONVILLE MO.			
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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) Acute Cardiac Deletation INTERVAL BETWEEN ONSET AND DEATH None ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Probably Degenerative Nephritis 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. 4222				
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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)			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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Stegner M.D.		23b. ADDRESS Boonville		23c. DATE SIGNED 3/5/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/7/50	24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY		24d. LOCATION (City, town, or county) (State) BOONVILLE - MO.	
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DATE REC'D BY LOCAL REG. Mar 5 - 1950	REGISTRAR'S SIGNATURE D. Cooper 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEGNER FUNERAL HOME-BOONVILLE MO.		
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WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0272
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0272
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RECEIVED MAR 13
District Health Officer No. 8,
District File Number _____
Date Filed 3-14-50

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed James W. Stegner
Student Embalmer No. _____
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.