

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4726

State File No.

BIRTH NO. --- REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural- Iron) c. LENGTH OF STAY (in this place) (township) 4 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Iron township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 miles So. of Belleview		d. STREET ADDRESS (If rural, give location) 2 1/2 Miles So. of Belleview	
3. NAME OF DECEASED a. (First) Nora b. (Middle) Russell c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1950	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) widowed	8. DATE OF BIRTH Nov. 20, 1870
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 3 Days 6	IF UNDER 1 HR. Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Ironton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Theodore Russell	
13b. MOTHER'S MAIDEN NAME Emily Guild		14. NAME OF HUSBAND OR WIFE Charles W. Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no X		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alfred Jones, Flat River, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Hypertension 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"/>
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) Feb 26 1950		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 Feb 15, 1950 to Feb 26, 1950 , that I last saw the deceased alive on Feb 26, 1950 and that death occurred at 1:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Wm. Gale (Degree or Title)		23b. ADDRESS Bismarck, Mo	23c. DATE SIGNED 2-26-50
24a. BURIAL CREMATION, REMOVAL (Specify) burial		24b. DATE 2/28/50	24c. NAME OF CEMETERY OR CREMATORY Russell cemetery
24d. LOCATION (City, town, or county) (State) Ironton, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Lucy White ADDRESS White Funeral Home, Ironton, Mo.	
DATE REC'D BY LOCAL REG. Mar 8 1950		REGISTRAR'S SIGNATURE Mrs Elizabeth Logan	

(Licensee Embalmer's Statement on Reverse Side)

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

470

MAR 17 1950

RECEIVED

MAR 11 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-342

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.

Student
Student Embalmer

Signed.....

Lyle H. White

Licensed Embalmer No. 4295

P. O. Address.....

Brooklyn 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.