

STANDARD CERTIFICATE OF DEATH

State File No. 5566

FILED MAR 11 1950

BIRTH NO. 9305-50 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 42

742  
10

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

1. PLACE OF DEATH a. COUNTY <u>Madaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Madaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0742</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) <u>BARBERY Y. JONES</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH <u>2-20-50</u> (Month) (Day) (Year)
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>2-18-50</u>
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY <u>no</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>MO</u>	
13a. FATHER'S NAME <u>Swain Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bell Moffat</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Moffat</u> ADDRESS <u>St Louis MO</u>	
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) <u>pulmonary edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Strain 4 months</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7625</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>2-18</u> , 19 <u>50</u> , to <u>2-20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-19</u> , 19 <u>50</u> , and that death occurred at <u>3 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W.C. Bauman, M.D.</u> (Degree or title)		23b. ADDRESS <u>131 1/2 Main Marionville</u>	
23c. DATE SIGNED <u>2/20/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>2-20-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Columba</u>	
24d. LOCATION (City, town, or county) (State) <u>Marionville MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fallos &amp; Phillips</u> ADDRESS <u>Marionville MO</u>	
DATE REC'D BY LOCAL REG. <u>3-4-1950</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u> 229	



**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.