

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9808

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 5880 Registrar's No. 5

0770

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Ozark</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Ozark</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Lutie, Rural-Bigcreek</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">Born here</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Lutie, Mo Ozark Co</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Rural--Bigcreek, Township</p>	
		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">Bigcreek, Township</p>	
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Charles</p> b. (Middle) <p style="text-align: center;">Egbert</p> c. (Last) <p style="text-align: center;">Jones</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Feb. 27 1950</p>
5. SEX <p style="text-align: center;">M</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>	8. DATE OF BIRTH <p style="text-align: center;">Dec. 26, 1879</p>
9. AGE (In years last birthday) <p style="text-align: center;">70</p>	10. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Farming</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Lutie, Mo</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Farming</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Lutie, Mo</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>
13a. FATHER'S NAME <p style="text-align: center;">Benjamin B. Jones</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Delliah Duggins</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Clemmie Jones</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">494-18-5110</p>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Mrs Clemmie Jones, Lutie Missouri</p>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Cerebral Hemorrhage</p>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">Arterial Hypertension</p>	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">24 hr</p> <p style="text-align: center;">2 yr</p> <p style="text-align: center;">33 1/2</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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>Nov</u> , 1949, to <u>Feb 27</u> , 1950, that I last saw the deceased alive on <u>Feb 26</u> , 1950, and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <p style="text-align: center;">J M Hoerman DD</p>		23b. ADDRESS <p style="text-align: center;">Gainesville, Mo</p>	
23c. DATE SIGNED <p style="text-align: center;">2/1/50</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">3--2--1950</p>	
24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Lutie, Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Lutie Mo, Ozark Co Mo</p>	
DATE REC'D BY LOCAL REG. <p style="text-align: center;">3-10-50</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Mae Johnson</p>	
FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Olin... Gainesville</p>		ADDRESS <p style="text-align: center;">Gainesville, Mo</p>	

RECEIVED MAR 17 1950  
District Health Office No. 6,  
District File Number 350-328  
Date Filed 3-18-50

*Handwritten notes:*  
3-18-50  
3-18-50

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard A. Roush

Licensed Embalmer No. 3044

P. O. Address Spencer, 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.