

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13553

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 45

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Signonew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>INC.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Hospital & Clinic</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mattie</u>	b. (Middle) <u>Ward</u>	c. (Last) <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Mar.</u> <u>25</u> <u>1950</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 21, 1877</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Holden, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Thomas Ward</u>	13b. MOTHER'S MAIDEN NAME <u>America Matthews</u>	14. NAME OF HUSBAND OR WIFE <u>Floyd A Jones</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. T. Webb</u>	ADDRESS <u>Centerview, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u>		<u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritis</u> DUE TO (c)		<u>3 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>72.57</u>	

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) m.	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 3/16/1950, to 3/25/1950, that I last saw the deceased alive on 3/25/1950, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Lee Cooper</u> (Degree of title)	23b. ADDRESS <u>Warrensburg, Missouri</u>	23c. DATE SIGNED <u>3-25-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Quaker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richland, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>Mar 25 1950</u>	REGISTRAR'S SIGNATURE <u>Saravankh Anant...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. B. Carr</u>	ADDRESS <u>Holden, Mo.</u>
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DEC 4 1956

RECEIVED
APR 5 1958
JOHNSON COUNTY HEALTH DEPT.

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 *E.B. Cant*

Signed.....
Student Embalmer

Licensed Embalmer No. *4059*

P. O. Address *Holden, 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.