

S. No. 300  
V. 10.48

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13823**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 432 Registrar's No. 24

0650  
1

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

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Mercer</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mercer</b> | c. LENGTH OF STAY (in this place) <b>7 yrs.</b> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mercer</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |   | d. STREET ADDRESS (If rural, give location)   |  |

|   |   |
|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>John</b><br>b. (Middle) <b>Frederick</b><br>c. (Last) <b>Jones</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>April 7, 1950</b> |
|---|---|

|                    |                               |   |                                       |   |                        |                      |       |      |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|-------|------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>March 6, 1863</b> | 9. AGE (in years last birthday) <b>87</b> | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|-------|------|

|   |   |  |  |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b> | 11. BIRTHPLACE (State or foreign country) <b>Mo.</b> | 12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|---|--|--|

|                                      |  |  |
|--------------------------------------|--|--|
| 13a. FATHER'S NAME <b>John Jones</b> | 13b. MOTHER'S MAIDEN NAME <b>Mary Gloschen</b> | 14. NAME OF HUSBAND OR WIFE <b>Lutetia Jones</b> |
|--------------------------------------|--|--|

|  |                                     |   |                            |
|--|-------------------------------------|---|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>X Robert Jones</b> | ADDRESS <b>Mercer, Mo.</b> |
|--|-------------------------------------|---|----------------------------|

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>   |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uraemic Goma</b>   |  | This has been progressive 6 months <b>U. 42X</b> |
|  | ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br>DUE TO (b) <b>Cardio-vascular-renal disease with special reference to the degree of renal involvement</b><br>DUE TO (c) <b>Cerebral hemorrhage</b> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i>   |  |  |  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>None</b> | 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) | 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 Jan. 1, 1940, to April 6, 1950, that I last saw the deceased alive on April 6, 1950 and that death occurred at 7:05 a. m., from the causes and on the date stated above.

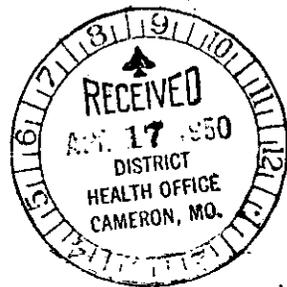
|                                   |                              |                                   |                                |
|-----------------------------------|------------------------------|-----------------------------------|--------------------------------|
| 23a. SIGNATURE <i>[Signature]</i> | (Degree or title) <b>Dr.</b> | 23b. ADDRESS <b>Princeton Mo.</b> | 23c. DATE SIGNED <b>4/7/50</b> |
|-----------------------------------|------------------------------|-----------------------------------|--------------------------------|

|   |                                |  |   |
|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>April 9, 1950</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Early Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Mercer Mo.</b> |
|---|--------------------------------|--|---|

|  |  |   |                                 |
|--|--|---|---------------------------------|
| DATE REC'D BY LOCAL REG <b>4-11-50</b> | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | ADDRESS <b>Loneville, Iowa.</b> |
|--|--|---|---------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1950



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 *Anna L. Greulich*

Licensed Embalmer No. *3967*

P. O. Address *Linnville Iowa*

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.