

780
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route 1 Little Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route 1 Little Prairie Twp. 074	
c. LENGTH OF STAY (In this place) 30 yrs.		d. STREET ADDRESS (If rural, give location) Rt. 1 Box 6 C'ville, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 1 Box 6 C'ville, Mo.			

3. NAME OF DECEASED (Type or Print) SHIRLEY JONES			4. DATE OF DEATH (Month) (Day) (Year) April 25 1950		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH September 15 1890		9. AGE (In years last birthday) 59		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR 'INDUSTRY' Farming Owner		11. BIRTHPLACE (State or foreign country) New Madrid County Mo.	

13a. FATHER'S NAME Bill Jones		13b. MOTHER'S MAIDEN NAME Mary Shelton		14. NAME OF HUSBAND OR WIFE Lillian Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lillian Jones ADDRESS Rt. 1 Caruthersville	

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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 15 hours 4 yr + 3 3/4	
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19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 Feb 1, 1947, to April 25, 1950, that I last saw the deceased alive on April 23, 1950, and that death occurred at 9:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Caruthersville Mo.		23c. DATE SIGNED 4/27/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 30 '50		24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery	
				24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.	

DATE REC'D BY LOCAL REG. 4-27-1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith ADDRESS Caruthersville, Mo.	
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H-50-125

MAY 4 1950

MAY 1950

APR 29 Recd

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 W. Denver Fike

Licensed Embalmer No. 4484

P. O. Address Brothersville, Missouri

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.