

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23205**

FILED AUG 5 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 103

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Mo</u>	c. LENGTH OF STAY (In this place) <u>15 minutes</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald Mo R13 II</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>0360</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SHIRLEY</u> b. (Middle) <u>JEAN</u> c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22-1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>July 22-1950</u>	9. AGE (Years last birthday) <u>0</u> Months <u>0</u> Days <u>0</u> Hours <u>15</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (State or foreign country) <u>Washington Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Eugene G. Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Zelma E. Fische</u>	14. NAME OF HUSBAND OR WIFE <u>L</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>Eugene G. Jones</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shoulder Presentation Requiring Version Extraction Causing Respiratory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.			<u>7730</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)	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 7-22, 1950, to 7-22, 1950, that I last saw the deceased alive on 7-22, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul A. Brunas, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>7-24-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-23-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brick Church</u>	24d. LOCATION (City, town, or county) (State) <u>Rosebud R11 Mo</u>
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DATE REC'D BY LOCAL REG <u>July 23, 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Meyer</u>	ADDRESS <u>Gerald Mo</u>
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DATE: \_\_\_\_\_  
FILE NO. \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>not</sup> ~~by me, or by~~ \_\_\_\_\_

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*Stanley E Meyer*

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

*4639*

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

*Gerald, 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.