

FILED JUL 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24253

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. STREET ADDRESS (If rural, give location) 1418 East 13th St.	

3. NAME OF DECEASED (Type or Print) a. (First) EDITH b. (Middle) ELIZABETH c. (Last) JONES			4. DATE OF DEATH (Month) (Day) (Year) July 20, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH July 1, 1867		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 0 Days 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home-making		11. BIRTHPLACE (State or foreign country) Crystal Lake, Michigan	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME John Burke		13b. MOTHER'S MAIDEN NAME Melissa Pinkston Burke		14. NAME OF HUSBAND OR WIFE Geo. S. Jones	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or Unknowns) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.A. Morris, 1418 E. 13th	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Sedalia, Mo.				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure		DUPLICATE				initial	
ANTECEDENT CAUSES		DUPLICATE				4 days	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE				2 mo.	
DUPLICATE		DUPLICATE				194x	
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE					
Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE					

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 5-20-50 to 7-20-50, that I last saw the deceased alive on 7-20-50, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. Saunders (Degree or title) DO.		23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 7/20/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/22/50		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
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DATE REC'D BY LOCAL REG. 7/21/50		REGISTRAR'S SIGNATURE		EMERALD DIRECTOR'S SIGNATURE		ADDRESS Sedalia, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

7/24/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-24-50

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 *P. E. Baker*

Licensed Embalmer No. 2419

P. O. Address *Sedalia 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.