

FILED SEP 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. **26689**

0420

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5513** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Lewisville Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural Lewisville Twp	
c. LENGTH OF STAY (in this place) 3 yrs		d. STREET ADDRESS (If rural, give location) Lewisville Twp	
d. FULL NAME (If not in hospital or institution, give street address of location) Lewisville Twp			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) A c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) 9-7-1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 6-8-1874
9. AGE (in years last birthday) 76	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME David Bright		13b. MOTHER'S MAIDEN NAME Susan Hammons	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Samuel S. Hall		ADDRESS Clinton Mo	
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) Arterio-sclerosis General ANTECEDENT CAUSES Morbidity 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. 4500	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dec , 19 49 , to Sept , 19 50 , that I last saw the deceased alive on Sept 5 , 19 50 , and that death occurred at 3:55 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James O. Smith MD		23b. ADDRESS Clinton Mo	
23c. DATE SIGNED 8 Sept 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept 10-1950	24c. NAME OF CEMETERY OR CREMATORY Shady Grove	24d. LOCATION (City, town, or county) (State) Benton Co. Mo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Sept 9-1950 Florence Adair		5. FUNERAL DIRECTOR'S SIGNATURE Shickman - Dunning ADDRESS Clinton Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

9-11-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 9-11-50

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

Robert L. Dunning

Licensed Embalmer No. 4718

P. O. Address. Clinton 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.