

OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30876

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5594 Registrar's No. 76

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JEFFERSON (MERAMEC)</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u><br>b. COUNTY <u>JEFFERSON</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOUSE SPRINGS</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOUSE SPRINGS MO 0500</u>                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OWN HOME</u>   |  | d. STREET ADDRESS (If rural, give location) <u>RURAL MERAMEC TOWNSHIP</u>  |  |

|                                     |                        |                              |                       |  |
|-------------------------------------|------------------------|------------------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MARY</u> | b. (Middle) <u>CHARLOTTE</u> | c. (Last) <u>LONY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-2-1950</u> |
|-------------------------------------|------------------------|------------------------------|-----------------------|--|

|                      |                               |   |                                       |  |                             |
|----------------------|-------------------------------|---|---------------------------------------|--|-----------------------------|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>March 13-1883</u> | 9. AGE (In years last birthday) Months Days <u>67 6 20</u> | IF UNDER 18 HRS. Hours Min. |
|----------------------|-------------------------------|---|---------------------------------------|--|-----------------------------|

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

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>CHRISTIAN MILLER</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY WRIGHT</u> | 14. NAME OF HUSBAND OR WIFE <u>EDWARD LONY</u> |
|--|--|--|

|  |                                    |   |               |
|--|------------------------------------|---|---------------|
| 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>910</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Gilbert Lony</u> | ADDRESS _____ |
|--|------------------------------------|---|---------------|

|   |  |      |   |
|---|--|------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |      | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 yr</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Regurgitation</u> |      |   |
|   | ANTECEDENT CAUSES<br>DUE TO (b) _____<br>DUE TO (c) _____                          |      |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | 410X |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 Oct 18, 1950 to 3 Oct 1950, that I last saw the deceased alive on 3 Oct 1950, and that death occurred at 7:40 AM from the causes and on the date stated above.

|   |   |                                 |
|---|---|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>House Springs Mo 0500</u> | 23c. DATE SIGNED <u>10/5/50</u> |
|---|---|---------------------------------|

|   |                             |  |  |
|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct 5-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St Martin's High Ridge</u> | 24d. LOCATION (City, town, or county) (State) <u>High Ridge Mo</u> |
|---|-----------------------------|--|--|

|   |  |     |   |                                 |
|---|--|-----|---|---------------------------------|
| DATE REC'D BY LOCAL REG. <u>Oct. 7-1950</u> | REGISTRAR'S SIGNATURE <u>Mrs Ruth Jiraco</u> | 438 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Brimmer</u> | ADDRESS <u>House Springs Mo</u> |
|---|--|-----|---|---------------------------------|

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

Dr Townsend

FEB 1 1982

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 10-9-50

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 1490

P. O. Address

House Springs, 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.