

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31039

State File No.

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, 3388</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth San.</u>		d. STREET ADDRESS (If rural, give location) <u>3107 E. 27th St., 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roberta</u> b. (Middle) <u>Jones</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17 1950</u>
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5. SEX <u>f.</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar 20 / 1873</u>	9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>	11. BIRTHPLACE (State or foreign country) <u>Linn County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James L. Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret M. Alexander</u>	13c. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thomas Baker, Centrola, Mo</u>	ADDRESS <u>Centrola, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Lobar Pneumonia</u>		<u>6 days</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 June 29, 1949, to Aug 17, 1950, that I last saw the deceased alive on Aug 17, 1950, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Anna L. Mauck D.O.</u>	23b. ADDRESS <u>Macon Mo.</u>	23c. DATE SIGNED <u>8/17/1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linn County Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Linn County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9/1/50</u>	REGISTRAR'S SIGNATURE <u>Cuth M. Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul P. Ballou</u>	ADDRESS <u>Centrola, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10.3.50

MACON COUNTY HEALTH DEPARTMENT

County File No. 10.50.186

Date Filed 10.6.50

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 *Paul J. Ballou*

Licensed Embalmer No. 4206

P. O. Address *Peetoahia, 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.