

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32361

State File No.

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 4505 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bell City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bell City</u>	
c. LENGTH OF STAY (In this place) <u>80 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED a. (First) <u>ARMINTA T.</u> b. (Middle) _____ c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24, 1950</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 31, 1865</u>	9. AGE (In years last birthday) <u>85</u>	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Stoddard Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Barnet Beckwith</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Belle Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph S. Jones</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Jones</u>		ADDRESS <u>Detroit, Mich.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUE TO (b) <u>Cerebral arteriosclerosis</u>				<u>7 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>391X</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)	
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?	

22. I hereby certify that I attended the deceased from June 1, 1948 to Aug 24, 1950, that I last saw the deceased alive on Aug 24, 1950, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Davis M.D.</u>		(Degree or title)		23b. ADDRESS <u>Bloomfield</u>		23c. DATE SIGNED <u>Sept 1, 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 26, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem. Near Adams Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Adams Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10-4-1950</u>		REGISTRAR'S SIGNATURE <u>Rebecca Moore</u>		360		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd S. Morgan</u>		ADDRESS <u>Adams, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
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MAY 7 1951

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

William H. Morgan

working under my personal supervision.

Student Embalmer No.

Signed

William H. Morgan

Signed

Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address

Advanee, 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.