

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32593**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 256	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Boone		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		a. STATE Missouri		b. COUNTY Pemiscot	
c. LENGTH OF STAY (in this place) 17		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Netherlands		d. STREET ADDRESS (If rural, give location) Route #1		OR TOWN 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hosp.				d. STREET ADDRESS (If rural, give location) Route #1			
3. NAME OF DECEASED (Type or Print)		a. (First) Robbie		b. (Middle) Minerva L.		c. (Last) Jones	
4. DATE OF DEATH		(Month) 10		(Day) 16		(Year) 50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-10-10	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months - Days 6	IF UNDER 24 HRS. Hours - Min. -	
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) Elbridge, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Self		13b. MOTHER'S MAIDEN NAME Betty Self		14. NAME OF HUSBAND OR WIFE Louis C. Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Hospital Record ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidemiol Ca. of cervix		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid 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* Bilateral pleural effusion				171X	
		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 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) (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 9-29 , 19 50 , to 10-16 , 19 50 , that I last saw the deceased alive on 10-16 , 19 50 , and that death occurred at 4:30 p. m., from the causes and on the date stated above.							
23a. SIGNATURE George S. Watten M.D. (Degree or title)				23b. ADDRESS EFSC Hospital Columbia, Mo.		23c. DATE SIGNED 10-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10-19-1950		24c. NAME OF CEMETERY OR CREMATORY Lebanon		24d. LOCATION (City, town, or county) (State) Mo.	
DATE REC'D BY LOCAL REG. Oct. 16 1950		REGISTRAR'S SIGNATURE Miss R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Hubert Francis Service		ADDRESS Columbia Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

104

RECEIVED 10-24-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-24-50

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 Thas L. Turing

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.