

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36891

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>561</u>	
1. PLACE OF DEATH a. COUNTY <u>IRON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>IRONTON</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u> <u>6621</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S of the OZARKS</u>				d. STREET ADDRESS (If rural, give location) <u>509 West Main</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u>			b. (Middle) <u>—</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 14, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN 6, 1874</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
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 <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry MILLER</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET BURGESS</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN B. JONES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MAYTORIE REHFELDT, 1351 Sunnyside, Chicago, Ill.</u>			
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 <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis</u>						
	ANTECEDENT CAUSES <u>virus infection</u>						<u>10 days</u>
	DUE TO (b) _____						
	DUE TO (c) <u>Chronic arthritis and cystitis</u>						<u>?</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>						<u>4/31 X?</u>
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 <u>10-5-50</u> , 19 <u>50</u> , to <u>10-14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-14</u> , 19 <u>50</u> , and that death occurred at <u>6:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. E. Jarland, M.D.</u>				23b. ADDRESS <u>Ironton, Missouri</u>		23c. DATE SIGNED <u>10-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 14, 1950</u>		REGISTRAR'S SIGNATURE <u>Miss Anna Jones</u> <u>128</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Lajin, Dr. Fredericktown, Mo.</u>		

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

FEB 2 1954

RECEIVED

NOV 20 1950

DISTRICT HEALTH OFFICE No. 6

File No.

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

William B O'Connor

Licensed Embalmer No. 3975

P. O. Address *Fredericktown Md*

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.