

FILED JAN 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 41164

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5568		Registrar's No. 502	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Indes		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Independence 0480		d. STREET ADDRESS (If rural, give location) Rt 2 Salisbury Rd	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) Charlotte			b. (Middle) Indianola		c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) Dec 31, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 12, 1868		9. AGE (In years last birthday) 82	10. MONTHS 9	11. DAYS 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or, if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Sidus		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Reese J. Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Missie F. Burchett			
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.		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.				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.	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Thrombosis		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		465X	
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 2-19, 1950, to 12-31, 1950, that I last saw the deceased alive on 12-30, 1950, and that death occurred at 4:57 P.M., from the causes and on the date stated above.							
23a. SIGNATURE M. S. Whitstone, M.D.				23b. ADDRESS Independence Mo		23c. DATE SIGNED 1-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Woodland Grove		24d. LOCATION (City, town, or county) (State) Indes Mo	
DATE REC'D BY LOCAL REG Jan 3, 1951		REGISTRAR'S SIGNATURE James S. Galt		25. FUNERAL DIRECTOR'S SIGNATURE Dixon L. Kelly		ADDRESS Indes Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 4 RECD.

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 Jaron T. White
Student Embalmer

Student Embalmer No. 412

Signed Dixon L. Kephley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.