

FILED DEC 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 41920
Registrar's No. 396

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3053

804

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia	
c. LENGTH OF STAY (in this place) 25 yrs.		d. STREET ADDRESS (If rural, give location) 125 East Boonville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 125 East Boonville			

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH	b. (Middle) JANE	c. (Last) JONES	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 28, 1871	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months 2	11. UNDER 1 HRS. Days 19
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Home-making	11. BIRTHPLACE (State or foreign country) Herndon, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME James Taylor	13b. MOTHER'S MAIDEN NAME Julia Hicks Taylor	14. NAME OF HUSBAND OR WIFE Frederick H. Jones
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lester E. Jones, Rt. 5, Sedalia, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 6 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Degeneration		
	DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4222

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) m.	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 Jan 10, 1944, to Dec 17, 1950, that I last saw the deceased alive on Dec 17, 1950, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. R. T. Holden M.D.	23b. ADDRESS 315 University Bldg - Sedalia	23c. DATE SIGNED 12/18/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/20/50	24c. NAME OF CEMETERY, OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 12/20/50	REGISTRAR'S SIGNATURE [Signature]	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Sedalia, Mo.
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RECEIVED

10/27/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/23/50

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

F. E. Baker

Licensed Embalmer No. 2419

P. O. Address

Sedalia 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.