

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 2006

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 5889 Registrar's No. 2

5770

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

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) Isabella - Jasper Twp		c. CITY (If outside corporate limits, write RURAL and give township) Isabella - Jasper Twp	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) Isabella Mo Town 0770	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Co - Mo - Jasper Twp			
3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) BELL c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) 1 - 10 - 51	
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-8-1875
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 11 Days 2	IF UNDER 4 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 Farming	11. BIRTHPLACE (State or foreign country) Pocahontas, Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME J. MARLER		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Jim 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 ADDRESS Corrin Jones - Isabella, Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with edema DUE TO (c) 343  II. OTHER SIGNIFICANT CONDITIONS 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 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 1949, to 1-10, 1951, that I last saw the deceased alive on 1-5, 1951, and that death occurred at 8:30 A.M., from the causes and on the date stated above.			
23a. SIGNATURE M J Hoerman (Degree or title)		23b. ADDRESS Gainesville - Mo	
23c. DATE SIGNED 1-11-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-12/51	
24c. NAME OF CEMETERY OR CREMATORY Isabella Cemetery		24d. LOCATION (City, town, or county) (State) Isabella - Ozark Co - Mo	
DATE REC'D BY LOCAL REG. 1-20-51		REGISTRAR'S SIGNATURE Mae Johnson 243	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blinkingbeard Funeral Home - Gainesville - Missouri			

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 22 1951

Dist. File 151-176

Date Filed 1-22-51

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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 Charles P. Roof

Licensed Embalmer No. 3044

P. O. Address Harrisville 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.