

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3579**

FILED FEB 5 1951

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada 1083	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital		d. STREET ADDRESS (If rural, give location) 602 East Ashland	

3. NAME OF DECEASED (Type or Print)	a. (First) Rosetta	b. (Middle) Myrtle	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) January 23, 1951
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5. SEX Fm	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH April 29, 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Jacob Rapp	13b. MOTHER'S MAIDEN NAME Kesiah Batts	14. NAME OF HUSBAND OR WIFE Orbrey Dixon 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 AND ADDRESS Leon Jones 811 South Chestnut Nevada, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion of the lung		
	ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death.		1.63X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **11-11**, 19**50**, to **1-23**, 19**51**; that I last saw the deceased alive on **1-23**, 19**51**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. L. Martin	23b. ADDRESS Nevada Mo	23c. DATE SIGNED 1-25-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 24, 1951	24c. NAME OF CEMETERY OR CREMATORY Milo Cemetery	24d. LOCATION (City, town, or county) (State) Milo Missouri
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DATE REC'D BY LOCAL REG. 1-26-1951	REGISTRAR'S SIGNATURE Anna E. Perry	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Ferry, Funeral Home Nevada Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0820

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

RECEIVED JAN 29 1951

Dist. File 127-231

Date Filed 1-29-51

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.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 1760

P. O. Address Nevada 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.