

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3774
Registral's No. 44

FILED FEB 27 1951

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006

0105

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

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>COLUMBIA</u>		c. LENGTH OF STAY (in this place) <u>Wk</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL CEDAR</u>		0100	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>615 WASHINGTON AVE.</u>		d. STREET ADDRESS (If rural, give location) <u>ASHLAND MO. TRFD</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARtha</u> b. (Middle) <u>Virginia</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 13 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 27 1874</u>
9. AGE (In years) (last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ROBERT PEARMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELIA MARTIN</u>	
14. NAME OF HUSBAND OR WIFE <u>CLARENCE MASS JONES</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLARENCE MASS JONES Ashland Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES (b) <u>Heart Block</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	
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 <u>Feb 6, 1951</u> , to <u>Feb 13, 1951</u> , that I last saw the deceased alive on <u>Feb 12, 1951</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J.C. Dugg's M.D.</u>		23b. ADDRESS <u>Columbia Mo</u>	
23c. DATE SIGNED <u>2/16/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>FEB 15 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW SALEM</u>	
24d. LOCATION (City, town, or county) (State) <u>Ashland Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.M.C. Burnett Ashland Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 20, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	

RECEIVED 2 26 51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 2 26 51

FEB 3 1961

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 *W. L. Burnett*

Licensed Embalmer No. *3564*

P. O. Address *Esland 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.