

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5669

BIRTH NO. _____		REG. DIST. NO. 293		PRIMARY REG. DIST. NO. 1003		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Oakwood</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oakwood</u>		0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Orchard Lane</u>				d. STREET ADDRESS (If rural, give location) <u>Orchard Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Minnie</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8. 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 15. 1882</u>		9. AGE (in years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>	IF UNDER 1 Wk. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe worker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ralls Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Richard Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mary C. Thor</u>		14. NAME OF HUSBAND OR WIFE			
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>Margaret Jones Orchard Lane Ralls, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES DUE TO (b) <u>hypertension</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> 5 yrs 331X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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>2/8/51</u> , 19 <u>51</u> , to <u>2/8/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/8/51</u> , 19 <u>51</u> , and that death occurred at <u>11:22</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. W. Watuschik M.D.</u>				23b. ADDRESS <u>506 Broadway Hannibal Mo.</u>		23c. DATE SIGNED <u>2/9/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-8-51</u>		REGISTRAR'S SIGNATURE <u>J. W. Waters 268</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James O'Donnell Hannibal Mo</u>			

0970

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

FEB 25 1959

Date Received: MAR 12 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-57-5
Date Filed: MAR 13 1951

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.

Student Embalmer No.

Signed Michael J. Adlonner

Signed.....
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hennipal 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.