

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11807

State File No.

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5176 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Camden</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Richland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richland</u> <u>0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 1.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lottie</u> b. (Middle) _____ c. (Last) <u>JONES.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 22 51</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar 10-1861</u>
9. AGE (In years last birthday) <u>90</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>Richland Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Wilson</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Jones, Dec</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clyde Snyder Richland</u>		ADDRESS <u>Richland</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>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Definitive of old age</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>heart disease</u> <u>arthritis - arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>	
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>April 20, 1951</u> , to <u>April 22, 1951</u> , that I last saw the deceased alive on <u>April 22, 1951</u> , and that death occurred at <u>10:20 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Lewis E. Myers D.O.</u>		23b. ADDRESS <u>Richland Mo.</u>	
23c. DATE SIGNED <u>4-23-51</u>		24a. FUNERAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>4/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calver Grove Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Richland Camden MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. J. Dupree</u>	
DATE REC'D BY LOCAL REG. <u>April 24-1951</u>		REGISTRAR'S SIGNATURE <u>Zulpha Inaw</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Richland</u>		25. FUNERAL DIRECTOR'S ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

150
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R. B. Teeple

Signed.....

Student Embalmer

Licensed Embalmer No. *3198*

P. O. Address *Richmond*

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.