

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1951

State File No. 15490

BIRTH NO.		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 4014		Registrar's No. 37											
1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. LENGTH OF STAY (In this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio		0730											
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Fairfax Community Hospt'				d. STREET ADDRESS (If rural, give location) 0													
3. NAME OF DECEASED (Type or Print) MARY			a. (First) JANE		c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) May 28, 1951										
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) widow		8. DATE OF BIRTH June 10, 1873		9. AGE (In years last birthday) 77		10. F UNDER 1 YEAR Months 11		11. F UNDER 1 YEAR Days 18		12. F UNDER 1 YEAR Hours		13. F UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Tennessee				12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME Joseph Cole				13b. MOTHER'S MAIDEN NAME Amanda Whitlock				14. NAME OF HUSBAND OR WIFE Eliza Preston Jones									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME Mrs. Ollie Hall				ADDRESS Tarkio, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebro-vascular accident</i></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <i>Sub-arachnoid hemorrhage</i></p> <p>DUE TO (c) <i>Arteriosclerotic cardio-vascular disease</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>								INTERVAL BETWEEN ONSET AND DEATH  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) m.				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 5/19, 1951, to 6/28, 1951, that I last saw the deceased alive on 5/28, 1951, and that death occurred at 9 p. m., from the causes and on the date stated above.																	
23a. SIGNATURE <i>E. J. Niedmeyer, M.D.</i> (Degree or title) M.D.						23b. ADDRESS Tarkio, Missouri.						23c. DATE SIGNED 5/29/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) burial				24b. DATE May 30, 1951				24c. NAME OF CEMETERY OR CREMATORY Home Cemetery				24d. LOCATION (City, town, or county) (State) Tarkio, Missouri.					
DATE REC'D BY LOCAL REG. June 5, 1951				REGISTRAR'S SIGNATURE <i>Marvin H. Schaefer</i> 443				25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home				ADDRESS Tarkio, Mo.					

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

1030



**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.....

*John M. Davis*

Licensed Embalmer No. 2394

P. O. Address. Tarkio, 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.