

FILED JUN 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 214-19938
533-A

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

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5463</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Strafford Jackson Twp</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Strafford, Jackson Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #2 Strafford Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Route #2 Strafford Mo 0390</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ina</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) <u>June</u> (Day) <u>13</u> (Year) <u>51</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>Nov 18 1893</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>			11. BIRTHPLACE (State or foreign country) <u>Shadron Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Bruce Root</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche Sheppard</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Samuel Jones Route #2 Strafford</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>Squamous Carcinoma of Cervix</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
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) <u>Greene Missouri</u>			
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>Nov 9</u> , 19 <u>50</u> , to <u>June 13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 15</u> , 19 <u>51</u> , and that death occurred at <u>4:20 pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Hollis MD</u> (Degree or title)				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>6-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 15 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Home</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>6-17-51</u>		REGISTRAR'S SIGNATURE <u>W. E. Landry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ayre Goodwin Inc, Springfield Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Julian Goodman

Signed.....
Student Embalmer

Licensed Embalmer No. *4562*

P. O. Address *Springfield, 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.