

STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1951

State File No. 20749

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>206</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits; write RURAL and give township) <u>Hannibal</u>		OR TOWN <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>206 S. Hawkins Ave</u>				d. STREET ADDRESS (If rural, give location) <u>206 SOUTH Hawkins Ave</u>			
3. NAME OF DECEASED (Type or Print) <u>Edward</u>		a. (First)		b. (Middle) <u>-</u>		c. (Last) <u>Jones</u>	
4. DATE OF DEATH <u>June 10-1951</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>OCT-9-1872</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years) last birthday <u>79</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u>	
11. BIRTHPLACE (State or foreign country) <u>Ralls County, MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U</u>			
13a. FATHER'S NAME <u>James Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Blasecock</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa</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 <u>Rosa Jones, 206 S. Hawkins</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 thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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>334X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Jan</u> , 19 <u>51</u> , to <u>10 June</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9 June</u> , 19 <u>51</u> , and that death occurred at <u>7:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M.D. Robert W. ...</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>June 14/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion MO</u>	
DATE REC'D BY LOCAL REG. <u>6/18/51</u>		REGISTRAR'S SIGNATURE <u>N. C. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Connell</u>			
		ADDRESS <u>Hannibal Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JUN 25 1951
ARIZONA CO. HEALTH DEPT.
DATE FILED JUN 27 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.