

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22135

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>813</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>30 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		<u>0117</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2809 Lafayette St.</u>				d. STREET ADDRESS (If rural, give location) <u>2809 Lafayette St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1951</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>June 21, 1867</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>84</u> Days _____		IF UNDER 1 HR. 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>own home</u>			11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Noah R. Dunbar</u>		13b. MOTHER'S MAIDEN NAME <u>Martha E. Ridge</u>		14. NAME OF HUSBAND OR WIFE <u>Robert E. Jones</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Robert E. Jones</u> ADDRESS <u>2809 Lafayette St. St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>					INTERVAL BETWEEN ONSET AND DEATH <u>46 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchiectasis</u>					<u>334 X</u>	
19a. DATE OF OPERATION <u>None</u>		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 <u>July 1st, 1951</u> , to <u>July 30th, 1951</u> , that I last saw the deceased alive on <u>July 30th, 1951</u> , and that death occurred at <u>5:45P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>B. W. Tadlock M. D.</u>				23b. ADDRESS <u>KING HILL BLDG., ST JOSEPH</u>		23c. DATE SIGNED <u>7/31/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/1/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frazier Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buchanan County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Aug 3, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. East</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Horton Bowmer Funeral Home</u>		ADDRESS <u>St Joseph, Mo.</u>		

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

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..... *William J. Friedman*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. St. Joseph, 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.