

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32931**

FILED OCT 16 1951

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP Excelsior Springs Mo		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sharp Nurseing Home		d. STREET ADDRESS (If rural, give location) 205 East Royle St., 1	
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Etta c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) 9 - 15 - 1951
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH August 19-1866
9. AGE (In years last birthday) 85		10. KIND OF BUSINESS OR INDUSTRY own Home	11. BIRTHPLACE (State or foreign country) Milan Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Isaac Walters	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND Benjamin Colson Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Walter Jones,		ADDRESS Kingston, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas? INTERVAL BETWEEN ONSET AND DEATH 2 years ANTECEDENT CAUSES with Metastases General Morbidity 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 157X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>5-15</u> , 19 <u>50</u> , to <u>9-2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-2</u> , 19 <u>51</u> , and that death occurred at <u>5:15</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE August B. Kuchane (Degree or title) M.D.		23b. ADDRESS 100 Cedar Springs Mo	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-17-51	
24c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery		24d. LOCATION (City, town, or county) (State) Kingston, Missouri.	
DATE REC'D BY LOCAL REG. 9/17/51		REGISTRAR'S SIGNATURE 62 Caroline Hutchings	
25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark,		ADDRESS Kingston, Missouri	

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

242
4



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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.