S. No. 300
v. 10.48

FILED NOV 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36900

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NEW HAVEN
c. LENGTH OF STAY (in this place) 51 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NEW HAVEN MO 0360
d. STREET ADDRESS (If rural, give location) U

3. NAME OF DECEASED (Type or Print) a. (First) SUSAN b. (Middle) c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year) 11 - 19 - 51

5. SEX FEMALE 3
6. COLOR OR RACE COL
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED V
8. DATE OF BIRTH 12 - 10 - 1853
9. AGE (In years last birthday) 97 IF UNDER 1 YEAR Months 11 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) LABBADIE MO U
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME TOM MURRAY
13b. MOTHER'S MAIDEN NAME Don't Know
14. NAME OF HUSBAND OR WIFE BURLEY 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 Emmet Jones ADDRESS 5806 Prairie

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 794X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 18, 1951, *to* Nov. 19, 1951, *that I last saw the deceased alive on* Nov. 19, 1951, *and that death occurred at* 11:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE C.W. Held V (Degree or title) D.O.
23b. ADDRESS New Haven, Mo.
23c. DATE SIGNED 11/20/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 11-22-51
24c. NAME OF CEMETERY OR CREMATORY COLORED CEMETERY
24d. LOCATION (City, town, or county) NEW HAVEN (State) MO

DATE REC'D BY LOCAL REG. Nov 23 - 51
REGISTRAR'S SIGNATURE Jeffie Grammerman 93
25. FUNERAL DIRECTOR'S SIGNATURE L.C. Festig & Son ADDRESS New Haven Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 2 0 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 Earl Pertey

Signed.....
Student Embalmer

Licensed Embalmer No. 3385

P. O. Address Yucca Cam

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.