

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37047

37047

FILED NOV 30 1951

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>108</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u> <u>0411</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (In this place) <u>3 1/2 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural, Calfax township</u> <u>04110</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lacy Convalescent Home</u>				3. NAME OF DECEASED a. (First) <u>Eaulah</u> b. (Middle) <u>Lee</u> c. (Last) <u>Jones</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>Nov 9 1869</u>		9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Calderwell County, Missouri</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Maurice H. Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Fred W. 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>Lucy Browning, Bethany, Mo</u> ADDRESS <u>Bethany, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>				DUE TO (b) <u>Senile Dementia</u>				<u>4 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Nephritis</u>				<u>5 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Nephritis</u>				<u>4 weeks</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>304X</u>			
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>6-29, 1951</u> , to <u>11-17, 1951</u> , that I last saw the deceased alive on <u>11-12, 1951</u> , and that death occurred at <u>3-2, a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Leonard R. Lee, M.D.</u>				23b. ADDRESS <u>Bethany, Mo.</u>		23c. DATE SIGNED <u>11-20-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Andover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Andover, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11/21/51</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u> <u>116</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wanda Marsh</u> ADDRESS <u>Lamar, Ia.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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 myself

Student Embalmer No. _____

working under my personal supervision.

Signed Wm Marsh

Signed _____
Student Embalmer

Licensed Embalmer No. 4400

P. O. Address Lamoni Iowa

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.