

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 1319 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belle</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Belle M</u>		d. STREET ADDRESS (If rural, give location) <u>1630</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harriet</u> b. (Middle) <u>Leona</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-30-1951</u>
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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>Jan. 16-1872</u>	9. AGE (In years) (last birthday) <u>79</u> MONTHS <u>9</u> DAYS <u>14</u>	IF UNDER 1 YEAR: Hours _____ Min. _____	IF OVER 1 YEAR: Hours _____ Min. _____
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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 _____	11. BIRTHPLACE (State or foreign country) <u>Summerfield Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Shanks</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia McQueen</u>	14. NAME OF HUSBAND OR WIFE <u>W.A. Jones</u>
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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>Clinton L. Jones</u> ADDRESS <u>St Louis Mo</u>
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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 <u>5 1/2 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cervical Thrombosis</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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from Oct 30, 1951, to Oct 30, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R.H. Schouhals D.O.</u> (Degree or title)	23b. ADDRESS <u>Belle, Mo</u>	23c. DATE SIGNED <u>11/2/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 1-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Knob Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Belle Mo R.D.</u>
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DATE REC'D BY LOCAL REG. <u>11-9-51</u>	REGISTRAR'S SIGNATURE <u>Pauline Howard</u> 188	5. FUNERAL DIRECTOR'S SIGNATURE <u>Clude Marton</u> ADDRESS <u>Linn Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 11 1951

RECEIVED

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 _____

Vernon M. Morton

Licensed Embalmer No. _____

4125

P. O. Address _____

Linn, 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.