

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40616**

**FILED DEC 31 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **16** PRIMARY REG. DIST. NO. **4030** Registrar's No. **13**

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

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barton 006c</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Golden City</b>	c. LENGTH OF STAY (in this place) township) <b>45 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Golden City 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>VIOLA</b> b. (Middle) <b>BELLE</b> c. (Last) <b>JONES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dce. 15, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 18, 1868</b>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs: Days) (Hours) (Min.) <b>83 8 27</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Centerville, Iowa /</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Lucian T. Briant</b>	13b. MOTHER'S MAIDEN NAME <b>Emily Elizabeth Chambers</b>	14. NAME OF HUSBAND OR WIFE <b>Merritt F. Jones Golden City, Mo.</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>----</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. S.R. Hastings, Golden City, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Left ventricular failure due to metastatic carcinoma of lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Metastatic Carcinoma of Lung</b>		
	DUE TO (c) <b>Carcinoma of right breast</b>		
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 <b>170X</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **March 1948**, to **Dec 15, 1951**, that I last saw the deceased alive on **Dec 15, 1951**, and that death occurred at **3:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Raymond A. Carlson M.D.</b>	23b. ADDRESS <b>Golden City Mo</b>	23c. DATE SIGNED <b>12-18-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 18, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Golden City, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 18-1951</b>	REGISTRAR'S SIGNATURE <b>Wald H. Pugh 150</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Phillips Funeral Home, Golden City, Mo</b>
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

DEC 27 1951

RECEIVED  
Dist. File 12-27-3124  
Date Filed 12-28-52

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 [Signature]

Licensed Embalmer No. 3278

P. O. Address Golden City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.