

FILED FEB 13 1952

STANDARD CERTIFICATE OF DEATH

State File No. 600

220

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

BIRTH NO. _____		REG. DIST. NO. <u>67</u>		PRIMARY REG. DIST. NO. <u>5260</u>		Registrar's No. <u>27</u>		
1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>CHADWICK</u>		c. LENGTH OF STAY (In this place township) <u>16 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0220</u> OR TOWN <u>CHADWICK</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO STREET ADDRESS (HOME)</u>				d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>				
3. NAME OF DECEASED a. (First) <u>MARTHA</u>			b. (Middle) <u>ANN</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 5 1952</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>JULY 26-1890</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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 <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>BURLINGTON - IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>JOHN WHITAKER</u>			13b. MOTHER'S MAIDEN NAME <u>JULIA WILLIAMSON</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE JONES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MISS MARY JONES, CHADWICK, 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, asthma, 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>Acute Myocardial Dilatation</u>	ANTECEDENT CAUSES							
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>							
	DUE TO (c) <u>Vascular Arteriosclerosis</u>							
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"/>		
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 <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>Oct 1st</u> , 19 <u>51</u> , to <u>Feb 5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb 4</u> , 19 <u>52</u> , and that death occurred at <u>8:15 A. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Mary Jones</u>				23b. ADDRESS <u>Warta, Mo.</u>		23c. DATE SIGNED <u>Feb 6-1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>UBURIAL</u>		24b. DATE <u>FEB. 9 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GARRISON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GARRISON MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>Feb 9 1952</u>		REGISTRAR'S SIGNATURE <u>Nelson Blewins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Alan Harris</u>		ADDRESS <u>Clever, Mo.</u>		

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 John Alan Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.