

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1841

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u> <u>0891</u>	
c. LENGTH OF STAY (In this place) <u>42 days</u>		d. STREET ADDRESS (If rural, give location) <u>216 North College St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If institution, give street address or location) <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUESA</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 3, 1952</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>September 26, 1855</u>	9. AGE (In years last birthday) <u>96</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Household duties</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own-home</u>	11. BIRTHPLACE (State or foreign country) <u>West Union, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Issac 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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H.C. Jones, sr., Richmond, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia</u>		<u>32 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infected hematoma, right hip</u>		<u>34 days</u>
DUE TO (c) <u>Intertrochanteric fracture, rt. hip</u>		<u>42 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured pelvis</u>		<u>42 days</u>	

19a. DATE OF OPERATION <u>12/23/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fracture right hip</u> <u>089</u> <u>E 9030</u> <u>20</u>	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home (bathroom)</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Richmond</u> <u>Ray</u> <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>12/23/51</u> <u>8:30</u> <u>A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Patient slipped and fell while dressing.</u>
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22. I hereby certify that I attended the deceased from 12/23, 1951, to 2/3, 1952, that I last saw the deceased alive on 2/2, 1952, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. L. Masterson, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Richmond, Mo.</u>	23c. DATE SIGNED <u>2/4/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 5, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6 Feb 14 1952</u>	REGISTRAR'S SIGNATURE <u>M. L. Masterson</u>	<u>156-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u>	ADDRESS <u>Richmond, Mo.</u>
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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, ~~OF BY~~

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm. S. Thurman

Licensed Embalmer No. 1563

P. O. Address Richmond, 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.