

FILED FEB 13 1952

STANDARD CERTIFICATE OF DEATH

State File No. 2259

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5930 Registrar's No. 32

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| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hughesville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hughesville | |
| c. LENGTH OF STAY (In this place) 60 hrs | | d. STREET ADDRESS (If rural, give location) Rural | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Hughesville | | | |

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|-------------------------------------|-------------------------|-------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) CLARA | b. (Middle) JANE | c. (Last) JONES | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1952 |
|-------------------------------------|-------------------------|-------------------------|------------------------|--|

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|------------------|---------------------------|---|-------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX Fe | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 2, 1878 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|------------------|---------------------------|---|-------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Bellesplaine, Iowa | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|---|---|---|

| | | |
|--------------------------------------|---|---|
| 13a. FATHER'S NAME John Scott | 13b. MOTHER'S MAIDEN NAME Jane Johnson | 14. NAME OF HUSBAND OR WIFE Horace Jones |
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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) <input checked="" type="checkbox"/> | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME Theo. R. Jones, Hughesville, Mo | ADDRESS |
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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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial degeneration | | |
| | 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. | | | |

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| 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) |
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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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from **Nov. 5, 1951**, to **Jan. 27, 1952**, that I last saw the deceased alive on **Nov. 5, 1951**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

| | | | |
|--|-------------------|----------------------------------|---------------------------------|
| 23a. SIGNATURE W. E. Bess, M.D. | (Degree or title) | 23b. ADDRESS Sedalia, Mo. | 23c. DATE SIGNED 1-30-52 |
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| | | | |
|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan. 30, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Union Cemetery | 24d. LOCATION (City, town, or county) (State) Beaman, Mo |
|---|--------------------------------|--|---|

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|---|--|---|-----------------------------|
| DATE REC'D BY LOCAL REG. 2/30/1952 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS Sedalia, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

GILLESPIE FUNERAL HOME

800

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 _____

Licensed Embalmer No. 3970

P. O. Address Edalia

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.