

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9452

State File No.

No. 300
10.48

APR 4 1952

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5979** Registrar's No. **36**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <i>Polk</i>	b. CITY (If outside corporate limits, write RURAL and give township) <i>Morrisville P1</i>	a. STATE <i>Missouri</i>	b. COUNTY <i>Polk</i>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Morrisville</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <i>Rt. 1</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <i>Alzana</i>	b. (Middle) <i>(none)</i>	c. (Last) <i>Jones</i>	<i>March 21 - 1952</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widow 2</i>	8. DATE OF BIRTH <i>Oct 9 - 1869</i>	9. AGE (In years last birthday) <i>82</i>	10. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>		11. BIRTHPLACE (State or foreign country) <i>Morrisville, Mo.</i>	

13a. FATHER'S NAME <i>Branville Scroggins</i>	13b. MOTHER'S MAIDEN NAME <i>Margaret Boutz</i>	14. NAME OF HUSBAND OR WIFE <i>Robert Jones</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or other service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>son Paul Palmer</i>
		ADDRESS <i>Morrisville, Mo.</i>

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, asthenia, 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) <i>Extreme toxemia - Cardiac exhaustion</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pneumonitis</i> 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"/>
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
<i>I saw this man only once - March 11, 1952 to his son - refused to answer any questions, and that death occurred at 8:30 pm., from the causes and on the date stated above.</i>		

23a. SIGNATURE (Degree or title) <i>Dr. Hannel</i>	23b. ADDRESS <i>Morrisville, Mo.</i>	23c. DATE SIGNED <i>3-24-52</i>
24a. BURIAL, CREMATION, REMOVAL	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY
<i>Burial</i>		<i>Evon Cemetery</i>
		24d. LOCATION (City, town, or county) (State) <i>Morrisville, Mo.</i>

DATE REC'D BY LOCAL REG. <i>Mar 25, 1952</i>	REGISTRAR'S SIGNATURE <i>Ralph Gordenpaul</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>David Ash</i>	ADDRESS <i>Evon, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

0840

0840

1934
APR 9

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed

Joseph L. Daniel

Signed
Student Embalmer

Licensed Embalmer No.

4202

P. O. Address

14th Street, Wash

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.