

APR 11 1952
 STANDARD CERTIFICATE OF DEATH

State File No. **11682**
 BIRTH NO. **19375** REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **65**

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY MISSISSIPPI							
b. CITY (If outside corporate limits, write RURAL and give township) TOWN SIKESTON		c. LENGTH OF STAY (in this place) 1 hr 45m		c. CITY (If outside corporate limits, write RURAL and give township) TOWN CHARLESTON		0672					
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. DELTA COMM. HOSPITAL				d. STREET ADDRESS (If rural, give location) 302 NORTH GELM STREET							
3. NAME OF DECEASED a. (First) PATRICIA			b. (Middle) CHARLENE		c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) MARCH 25 1952				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BA BY		8. DATE OF BIRTH MARCH 25, 1952	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	IF UNDER 1 YEAR Sec.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) SIKESTON, MISSOURI			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME CHARLES DEE JONES			13b. MOTHER'S MAIDEN NAME WILMA ARNETA BROTHERS			14. NAME OF HUSBAND OR WIFE -----					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES DEE JONES, CHARLESTON, MO.						
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* (a) Arteriosclerosis and Anoxia				INTERVAL BETWEEN ONSET AND DEATH 1 Month			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Low Implantation Myocardia (Waterbury)							
				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 7615						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 3-25, 1952 , to 3-25, 1952 , that I last saw the deceased alive on 3-25, 1952 , and that death occurred at 3:20 A.M. , from the causes and on the date stated above.											
23a. SIGNATURE Charles Dee Jones (Degree or title) MD				23b. ADDRESS Sikeston Mo				23c. DATE SIGNED 3-29-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-25-52		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem		24d. LOCATION (City, town, or county) (State) Charleston Mo					
DATE REC'D BY LOCAL REG. 4-1-52		REGISTRAR'S SIGNATURE Mrs. Oella Hunter			25. FUNERAL DIRECTOR'S SIGNATURE Charles Jones perf. M. G. G. G. G.		ADDRESS ---				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 7 195

SCOTT COUNTY HEALTH CENTE

CO. FILE NO. 452-93

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.....

Not Embalmed
Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.