

FILED MAY 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15639**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 544

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton, Missouri.</u>	
c. LENGTH OF STAY (in this place) <u>1 wk.</u>		d. STREET ADDRESS (If rural, give location) <u>**** *****</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marcy Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u> b. (Middle) <u>G.</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 12-1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 14th-1866</u>	9. AGE (In years last birthday) <u>85 yrs</u>	IF UNDER 1 YEAR Months Days 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>at home.</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George Frazier</u>		13b. MOTHER'S MAIDEN NAME <u>Justina Pitta.</u>		14. NAME OF HUSBAND OR WIFE <u>Ebben E. Jones.</u>	
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 ADDRESS <u>Mr. Ebben E. Jones, Hamilton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe Dehydration</u>		<u>years</u>	
		DUE TO (c) <u>Nutritional Deficiency</u>		<u>years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		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) <u>2865</u>	
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 May 8, 19 52 to May 12, 19 52 that I last saw the deceased alive on May 12, 19 52 and that death occurred at 11:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. H. Coorhis</u> (Degree or title)		23b. ADDRESS <u>D.O., 823 Faraon St. Joseph, Mo.</u>		23c. DATE SIGNED <u>5/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bram Funeral Home</u>	
24d. LOCATION (City, town, or county) (State) <u>Hamilton, Missouri.</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Carl C. Coorhis</u>		ADDRESS <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 27, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Coorhis</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Nathl. Fleischner</u>	

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

2011 10

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.....*Edward C. Farrington*

Signed.....**** *****
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.