S. No. 300
v. 10.46

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15640

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 541

0117
0

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 1513 Angelique Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Hollie
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): 5 13 1952

5. SEX: Female 3
6. ~~COLOR OR~~ RACE: Negro
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed V
8. DATE OF BIRTH: 12 25 1898
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Private Homes
11. BIRTHPLACE (State or foreign country): Roanoke Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Oscar Hollie
13b. MOTHER'S MAIDEN NAME: Mariah Herndon
14. NAME OF HUSBAND ~~OR WIFE~~: Victor Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Miss Wilhelmina Falling 627 So. 14th St.

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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 10 years
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: 4200
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-2, 1949, *to* 5-13, 1952, *that I last saw the deceased alive on* 5-12, 1952, *and that death occurred at* 4:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arthur W. Mary MD 0
23b. ADDRESS: Tootle Building St. Joseph, Missouri
23c. DATE SIGNED: 5-19-52

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24b. DATE: 5-15-1952
24c. NAME OF CEMETERY OR CREMATORY: Mt. Mona Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph Mo.

DATE REC'D BY LOCAL REG.: May 23, 1952
REGISTRAR'S SIGNATURE: Carl C. Casey 446
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Wm. H. Alexander St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.