

STANDARD CERTIFICATE OF DEATH

State File No. **21082**

FILED JUL 15 1952

BIRTH NO. _____		REG. DIST. NO. 383		PRIMARY REG. DIST. NO. 5655		Registrar's No. 86		
1. PLACE OF DEATH a. COUNTY Lawrence Co				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo b. COUNTY Lawrence				
b. CITY (If outside corporate limits, write RURAL and give township) Ma Donnon Road - 6292		c. LENGTH OF STAY (If this place) 6292		c. CITY (If outside corporate limits, write RURAL and give township) Ma Donnon, Mo		d. STREET ADDRESS (If rural, give location) Reval 0550		
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home								
3. NAME OF DECEASED (Type or Print) a. (First) Celia b. (Middle) Frances c. (Last) Jelliver			4. DATE OF DEATH (Month) (Day) (Year) July 8 1952					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 24 1868	9. AGE (If years last birthday) 83	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 14	Hours 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Lawrence Co Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Hunter			13b. MOTHER'S MAIDEN NAME Harriet Brown		14. NAME OF HUSBAND OR WIFE John Jelliver			
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. no		17. INFIRMANT'S SIGNATURE OR NAME Glenn Richmond 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH abt 2 yrs 5 yrs +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446X					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) m.		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 June 15, 1947 , to July 8, 1952 , that I last saw the deceased alive on July 8, 1952 and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE Dr. J. J. Johnson M.D.				23b. ADDRESS Ma Donnon Mo		23c. DATE SIGNED 7-9-52		
24a. DATE OF REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Wm. W. Brock Church		24d. LOCATION (City, town, or county) (State) 7 mi - North Ma Donnon Mo		
DATE REC'D BY LOCAL REG. 6-14-52		REGISTRAR'S SIGNATURE Cecil Hendricks		25. FUNERAL DIRECTOR'S SIGNATURE Geo B Orr				
				ADDRESS Ma Donnon				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt. Vernon 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.