

REC'D JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **21189**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **189**

0644

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

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Marion</b>  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b> |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Hannibal</b>   |  | c. LENGTH OF STAY (in this place)  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Hannibal</b>   |   | <b>0644</b>  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>St. Elizabeth</b>  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>2817 Bird</b>   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Nettie Rachel</b> b. (Middle) <b>Jones</b> c. (Last)  |  |  | 4. DATE OF DEATH <b>June 19, 1952</b><br>(Month) (Day) (Year)   |   |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                | 8. DATE OF BIRTH <b>October 3, 1887</b>   | 9. AGE (In years last birthday) <b>64</b>   | IF UNDER 1 YEAR<br>Months <b>8</b> Days <b>16</b>                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>XX</b>                                       | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Indian Creek Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A</b>                           |
| 13a. FATHER'S NAME<br><b>James Rubison</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Johnson</b>                                     |   | 14. NAME OF HUSBAND OR WIFE<br><b>Earl C. Jones Hannibal Mo.</b>                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   | 16. SOCIAL SECURITY NO.<br><b>None</b>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Earl C. Jones, Hannibal Missouri</b> |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Chronic valvular heart disease</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Congestive heart failure</b><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 yrs.</b><br><br><b>6 yrs.</b> |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION<br><br><b>4214</b>  |  |   | 20. AUTOPSY?<br>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)   | 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 <b>11-1-46, 19</b> , to <b>6-19-52, 19</b> , that I last saw the deceased alive on <b>6-19-52, 19</b> , and that death occurred at <b>12:00 a.m.</b> , from the causes and on the date stated above. |  |  |   |   |  |
| 23a. SIGNATURE<br><i>W. Green</i>   |  | 23b. ADDRESS<br><b>M. D. 100 N. Sixth, Hannibal, Mo.</b>                             | 23c. DATE SIGNED<br><b>6-21-52</b>  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24b. DATE<br><b>6/23/1952</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Olivet</b>                                  | 24d. LOCATION (City, town, or county) (State)<br><b>Ralls County Missouri</b>   |   |  |
| DATE RECD BY LOCAL REG.<br><b>6-23-52</b>   | REGISTRAR'S SIGNATURE<br><i>Dr. E. M. Lucas</i>  | FUNERAL DIRECTOR'S SIGNATURE<br><i>W. C. Fisher</i>                                  | ADDRESS<br><b>Hannibal Missouri</b>   |   |  |

RECEIVED JUN 27 1952  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 28 1952

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

*John S. Stard*

Licensed Embalmer No. 4540

P. O. Address Hannibal 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.