

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23384

FILED JUN 17 1952

REG. DIST. NO. 355

PRIMARY REG. DIST. NO. 6205

Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>355</u>		PRIMARY REG. DIST. NO. <u>6205</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce TWP.</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pierce TWP</u>		<u>1070</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u>			b. (Middle) <u>GREENWOOD</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 10, 1885</u>		9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u> IF UNDER 24 HRS. 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>Practical nurse</u>		11. BIRTHPLACE (State or foreign country) <u>Seymour, Ind.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Don't know</u>			13b. MOTHER'S MAIDEN NAME <u>don't know</u>			14. NAME OF HUSBAND OR WIFE <u>Jess 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 <u>Mrs. R. N. Lee</u>		ADDRESS <u>Clear Springs, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion, acute</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u>	
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>						<u>Chronic</u>	
		DUE TO (b) <u>Arteriosclerosis, coronary</u>						<u>Chronic</u>	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes, mellitus. Decompensation myocardial, chronic.</u>						<u>Chronic</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) _____	
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 <u>7/18/</u> , 19 <u>51</u> , to <u>4/30/</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/30/</u> , 19 <u>52</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M. R. Perkins</u> (Degree or title) <u>M. R. Perkins, M. D.</u>				23b. ADDRESS <u>Willow Springs, Mo.</u>				23c. DATE SIGNED <u>6/11/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/11/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Comm.</u>		24d. LOCATION (City, town, or county) (State) <u>Texas County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-19-52</u>		REGISTRAR'S SIGNATURE <u>Anna Roberts</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burns Funeral Home Willow Springs,</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1964

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.....

*Fred W. Barnes*

Signed Fred W. Barnes

Signed.....  
Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.