

FILED JUL 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23693

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 781

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph
c. LENGTH OF STAY (In this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Holt
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Craig
d. STREET ADDRESS (If rural, give location) 0440 /

3. NAME OF DECEASED (Type or Print)
a. (First) Florence
b. (Middle) Cecil
c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year)
July 21, 1952

5. SEX Female
6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH October 11, 1883

9. AGE (In years last birthday) 68
if under 1 year: Months Days
if under 12 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY In the home

11. BIRTHPLACE (State or foreign country) Hamburg, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William P. Slusher

13b. MOTHER'S MAIDEN NAME Ella Shaffer

14. NAME OF HUSBAND OR WIFE James W. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
James W. Jones - Craig, 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) Cerebral vascular accident
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Previous cerebral vascular accident

INTERVAL BETWEEN ONSET AND DEATH
6 days
?
4 years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)
331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 July 8, 1952, to July 20, 1952, that I last saw the deceased alive on 20 July, 1952, and that death occurred at 12:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE Wilbur G. McDonald, M.D. (Degree or title)

23b. ADDRESS 301 N. 8th St. St. Joseph Mo.

23c. DATE SIGNED 22 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial + Removal

24b. DATE 15 7/23/52

24c. NAME OF CEMETERY OR CREMATORY Hamburg Cemetery

24d. LOCATION (City, town, or county) (State) Hamburg Iowa

DATE REC'D BY LOCAL REG. July 24, 1952

REGISTRAR'S SIGNATURE Carl C. Casto

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Wilbur L. Schowen - Craig, Mo.

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

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 _____

myself

working under my personal supervision.

Student Embalmer No.

Signed *Wilber L. Scholes*

Signed
Student Embalmer

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.