

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23786**

FILED JUL 25 1952

BIRTH NO.		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>5135</u>	Registrar's No. <u>345</u>
1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) Ash Hill Twp. Fisk		c. LENGTH OF STAY (In this place) 46 yr.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ash Hill twp. Fisk		
		d. STREET ADDRESS (If rural, give location) Route 1		
3. NAME OF DECEASED (Type or Print) a. (First) Opal		b. (Middle)		c. (Last) Jones
4. DATE OF DEATH June 24, 1952		5. SEX female		
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Oct. 24, 1904
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		11. BIRTHPLACE (State or foreign country) Round Hill, Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joe B. Jones		13b. MOTHER'S MAIDEN NAME Anna M. Drake
14. NAME OF HUSBAND OR WIFE single		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. X X
17. INFORMANT'S SIGNATURE OR NAME Anna Jones Fisk, Mo. R. 1		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Hemorrhage		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) XXXXXXXXXXXXXXXXXXXX		INTERVAL BETWEEN ONSET AND DEATH		
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		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) 331X
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>6-24</u> , 1952, to <u>6-24</u> , 1952, that I last saw the deceased alive on <u>6-24</u> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <i>Wm. H. Johnson</i>		23b. ADDRESS Poplar Bluff, Missouri		23c. DATE SIGNED 6-27-52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-26-52		24c. NAME OF CEMETERY OR CREMATORY Ash Hill cemetery
24d. LOCATION (City, town, or county) (State) Ash Hill, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. Dexter, Mo.		
DATE REC'D BY LOCAL REG. 7-14-52		REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i>		ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 23 1952
BUTLER CO. HEALTH CENTER

FILE No. 752-380

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.....

Signed.....

Walter Mark Watkins

Signed.....
Student Embalmer

Licensed Embalmer No. 4217

P. O. Address. Defter, 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.