S. No. 300
v. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31011

SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4105 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peculiar
c. LENGTH OF STAY (In this place): 0 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In home daughter

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville Mo. 0191
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): EVA
b. (Middle): MAY
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): Sept. 1 - 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 3 - 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Port Mo.
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Lewis Harris
13b. MOTHER'S MAIDEN NAME: Ida Elizabeth McKee
14. NAME OF HUSBAND OR WIFE: Walter Jackson Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496-07-7143
17. INFORMANT'S SIGNATURE OR NAME: Jack W Jones — **ADDRESS**: Harrisonville

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute Dilatation Heart — INTERVAL BETWEEN ONSET AND DEATH: no

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma Thyroid gland — 1 year
DUE TO (c): ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cachexia - Secondary anemia -

19a. DATE OF OPERATION: March 52
19b. MAJOR FINDINGS OF OPERATION: Ca Thyroid — 194X
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): ✓
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
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* May 1, 1952, *to* 9/1, 1952, *that I last saw the deceased alive on* 9/1, 1952, *and that death occurred at* 7:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marten V Robbins, M.D.
23b. ADDRESS: Peculiar, Mo.
23c. DATE SIGNED: 9/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-3-52
24c. NAME OF CEMETERY OR CREMATORY: Wills Cemetary
24d. LOCATION (City, town, or county) (State): North East of Peculiar Mo.

DATE REC'D BY LOCAL REG.: Sept 8, 1952
REGISTRAR'S SIGNATURE: Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. E. Myers — **ADDRESS**: Cleveland Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 13 1952
CASS COUNTY
HEALTH DEPARTMENT

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. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.