

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38100

State File No. _____

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>COOPER</u>	
b. CITY OR TOWN <u>BOONVILLE</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>BOONVILLE</u> <u>0272</u>	d. STREET ADDRESS (If rural, give location) <u>629-WATER-ST</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u> b. (Middle) <u>TILLIE</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 21 52</u>		
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 18 1883</u>	9. AGE (In years last birthday) <u>69</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>WILLIAM PINKETT</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZA - HAPES</u>	14. NAME OF HUSBAND OR WIFE <u>Boonville</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>CARL JONES</u> ADDRESS <u>2ND-ST MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		_____ <u>MYOCARDITIS</u>		_____ <u>UNKNOWN</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 7:013, 1952, to NOV 21, 1952, that I last saw the deceased alive on Sept 29, 1952, and that death occurred at about 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.C. Tincher</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Boonville MO</u>	23c. DATE SIGNED <u>11-24-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV 25, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>BOONVILLE MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley P. Jackson</u> ADDRESS <u>Calambok</u>	DATE REC'D BY LOCAL REG. <u>11-24-52</u> REGISTRAR'S SIGNATURE <u>W. Hooper</u> 381-

(Licensed Embalmer's Signature on Reverse Side)

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

272
1

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, ~~on~~

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Edward D. Parker

Licensed Embalmer No. *2900*

P. O. Address *Columbia 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.