

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED NOV 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>5694</u>		Registrar's No. <u>151</u>	
1. PLACE OF DEATH a. COUNTY <u>Linnington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linnington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Chilliaster Twp</u>		c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Chilliaster Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1 Chilliaster Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. S.E. of Chilliaster Mo.</u>							
3. NAME OF DECEASED (Type or Print) <u>Carrie</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Aug. 10, 1868</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____
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>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Madison, Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Casper W. Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Lansing</u>		14. NAME OF HUSBAND OR WIFE <u>Edwin Jones (dec.)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Jones - Chilliaster, Mo.</u> ADDRESS _____			
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* <u>Thromb Arterio Sanguis Obliteration</u>					<u>3 weeks</u>
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? <u>4531</u> YES <input type="checkbox"/> NO <input 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>Oct 18, 1952</u> to <u>Nov 10, 1952</u> ; that I last saw the deceased alive on <u>Nov 9, 1952</u> ; and that death occurred at <u>7:40 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. L. Jones</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Chilliaster Mo.</u>		23c. DATE SIGNED <u>11-12-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jones Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Linnington Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-12-52</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald Jordan</u>		ADDRESS <u>Chilliaster, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Donald Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.