No. 300
10.48

MED JAN 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43217

BIRTH NO. 124 8761C REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 410

941
0

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

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonne Terre
c. LENGTH OF STAY (in this place): 8 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonne Terre 0941
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Janet
b. (Middle): Faye
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Dec. 17, 1952
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 0 — If under 24 hrs.: Hours 8, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Bonne Terre, Mo. 6
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Ramond Jones
13b. MOTHER'S MAIDEN NAME: Edna Jones
14. NAME OF HUSBAND OR WIFE: Never married

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.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Raymond Jones Desloge, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary atelectasis — INTERVAL BETWEEN ONSET AND DEATH: Fresh birth

ANTECEDENT CAUSES
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.
Premature birth 31 wks gestation

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7625
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* 12-17, 1952, *to* 12-18, 1952, *that I last saw the deceased alive on* 12-17, 1952, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H O Gache MD
23b. ADDRESS: Desloge, Mo.
23c. DATE SIGNED: 12-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12/18/52
24c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery
24d. LOCATION (City, town, or county) (State): St. Francois, Mo.

DATE REC'D BY LOCAL REG.: Dec. 19, 1952
REGISTRAR'S SIGNATURE: Esther Rudloff 289-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C. Z. Boyer & Son. Desloge, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Was Not Embalmed, Student Embalmer No. _____, working under my personal supervision.

Student .....
Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge 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.