No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44667

State File No.

FILED JAN 26 1953

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Marion County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Mo.
c. LENGTH OF STAY (In this place): 0 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelbyville, Mo.
d. STREET ADDRESS (If rural, give location): X 1030

3. NAME OF DECEASED (Type or Print): a. (First) IRA b. (Middle) FULLER c. (Last) JONES
4. DATE OF DEATH (Month) (Day) (Year): 12-20-1952
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-1-1875
9. AGE (In years last birthday): 77 If under 1 year: Months 8 Days 19 If under 1 day: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Shelby Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Aleck Jones
13b. MOTHER'S MAIDEN NAME: Manda Cole
14. NAME OF HUSBAND OR WIFE: Mary Ann Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary Ann Jones ADDRESS: Shelbyville 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) Secondary Anemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 45 00

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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? 5:15 AM. Died.

22. *I hereby certify that I attended the deceased from* 12-16, 19 52 *to* 12-20, 19 52, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 5:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] MD (Degree or title)
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 12-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-22-1952
24c. NAME OF CEMETERY OR CREMATORY: Shiloh Cemty.
24d. LOCATION (City, town, or county) (State): Bethel, Mo.

DATE REC'D BY LOCAL REG.: 1-21-53
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Barkelew-Hawkins ADDRESS: Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 23 1953
MARION CO. HEALTH DEPT.
DATE FILED JAN 23 1953

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.