

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2774

State File No. \_\_\_\_\_

No. 300  
10.48

FILED JAN 26 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 20

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place) <u>1 wk.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DOE RUN</u>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Millic</u> b. (Middle) <u>JANE</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 16, 1953</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>Feb. 1, 1878</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR: Months <u>11</u> Days <u>13</u>	
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		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francis Co. MO.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JAMES CANTER</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY PHITCHETT</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES JONES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anne Therman Doe Run, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1-12-53</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</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.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca left colon</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			

19a. DATE OF OPERATION <u>1-12-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Annular ca splenic flexure colon</u>			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 Dec 31, 1952, to 1-16, 1953, that I last saw the deceased alive on 1-16, 1953, and that death occurred at 3: P. m., from the causes and on the date stated above.

23a. SIGNATURE Kenneth H. Watkins M.D. (Degree or title) 23b. ADDRESS Farmington, Mo. 23c. DATE SIGNED 1-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JAN 19, 1953 24c. NAME OF CEMETERY OR CREMATORY Pendleton 24d. LOCATION (City, town, or county) (State) DOE RUN MO.

DATE REC'D BY LOCAL REG. Jan. 17, 1953 REGISTRAR'S SIGNATURE Esther Rudloff 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Raymond Caldwell, Alton River Mo.

**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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.