

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8794

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u> <u>0100</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>801 East Sims</u>				d. STREET ADDRESS (If rural, give location) <u>801 East Sims</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>KENNEY</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-21-53</u>				
5. SEX <u>Female</u> <u>3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6-22-1867</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>		IF UNDER 1 Mth. 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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Hester Kenney</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>Mrs. Obie Rogers, Centralia, Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 to 36 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Recurrent Cerebral Hemorrhages past year</u> DUE TO (c) <u>Hypertension arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION <u>3-21-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Centralia, Boone, MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>3-11-53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331 X</u>			
22. I hereby certify that I attended the deceased from <u>6-8-45</u> , 19 <u>45</u> , to <u>3-21-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-11-53</u> , 19 <u>53</u> , and that death occurred at <u>8:15 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mrs. Obie Rogers</u> (Degree or title)				23b. ADDRESS <u>Centralia, MO</u>		23c. DATE SIGNED <u>3-23-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 26-1953</u>		REGISTRAR'S SIGNATURE <u>Maud McBride</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill E. Neider Centralia, Mo.</u>			

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 Bill J. Meslor.

Licensed Embalmer No. 4876.

P. O. Address Centerville, Miss.

**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.