

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15093**

FILED MAY 12 1953

BIRTH NO.		REG. DIST. NO. <u>245</u>	PRIMARY REG. DIST. NO. <u>3047</u>	Registrar's No. <u>45</u>
1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u> <u>0732</u>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>518 N. College</u> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>518 N. College</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGNOLIA</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>JONES</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>August 15, 1866</u> <u>86</u>	
9. AGE (In years last birthday) Months Days <u>86</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>Benton County, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>T. H. Jeffers</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Ricketts</u>		14. NAME OF HUSBAND OR WIFE
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 AND NAME <u>Mrs. Alma Leckie, Neosho, Mo.</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>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4200H</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma Rt. breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>15 yrs.</u> <u>18 mo</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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>May</u> , 19 <u>47</u> , to <u>May 5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 5</u> , 19 <u>53</u> , and that death occurred at <u>6 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Harold C. Gentry M.D.</u>		23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>5-7-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-7-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Monett I.O.O.F.</u>
24d. LOCATION (City, town, or county) (State) <u>Monett, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>5-7-53</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Looby Thompson</u> <u>Neosho, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 559-102

Date Filed MAY 11 1953

NEOSHO, MISSOURI

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 Carley Thompson Jr.

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.