

The Division of Health of Missouri  
STANDARD CERTIFICATE OF DEATH

State File No. 16726

FILED APR 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>1323</u>		PRIMARY REG. DIST. NO. <u>4474</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>			
b. CITY OR TOWN <u>SWEET SPRINGS</u>		c. LENGTH OF STAY (In this place) <u>3 WEEKS</u>		c. CITY OR TOWN <u>SWEET SPRINGS 0970</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LANGE CONVALESCENT HOME</u>				d. STREET ADDRESS (If rural, give location) <u>104 WEST RAY ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>			b. (Middle) <u>MAY</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4 1953</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>JANUARY 28, 1865</u>		9. AGE (In years last birthday) <u>88</u>	10. MONTHS <u>2</u>	11. DAYS <u>6</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 <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SWEET SPRINGS, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>WM. H. STEERS</u>			13b. MOTHER'S MAIDEN NAME <u>MARY CARMACK</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES LESTER 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 <u>ROGER Q. JONES-SWEET SPRINGS, Mo</u> ADDRESS _____			
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					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive arteriosclerotic cardio vascular disease</u>					<u>unknown</u>
		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. <u>Abdominal hernia, large.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>44/3x</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) _____		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>Feb 1951</u> , to <u>4 Apr 1953</u> , that I last saw the deceased alive on <u>3 Apr 1953</u> , and that death occurred at <u>6:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ralph H. Jones MD.</u>				23b. ADDRESS <u>Sweet Springs, Mo</u>		23c. DATE SIGNED <u>4 Apr 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS, Mo</u>		
DATE REC'D BY LOCAL REG. <u>4/11/53</u>		REGISTRAR'S SIGNATURE <u>Dolly Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. F. Parker</u>		ADDRESS <u>Sweet Springs, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.