

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18631**
Registrar's No. **12-1963**

FILED MAY 18 1953

| | | | | | | | | | |
|---|---------------------------|--|---|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 163 | | PRIMARY REG. DIST. NO. 4276 | | Registrar's No. 12-1963 | | | |
| 1. PLACE OF DEATH a. COUNTY Linn | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning, Mo. | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning, Mo. 0580 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) 0 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Josephine | | | b. (Middle) | | | c. (Last) Jones | | | |
| 4. DATE OF DEATH | | (Month) May | | (Day) 7 | | (Year) 53 | | | |
| 5. SEX Fe | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH April 1, 1871 | | 9. AGE (In years last birthday) 82 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri 0 | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13a. FATHER'S NAME John Russell | | | 13b. MOTHER'S MAIDEN NAME Sarah Ann Gibson | | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Ruppert Jones ADDRESS Chicago, Ill | | | | | |
| 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) atalectases right lung. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above causes (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Carcinoma of pancreas II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION. 157x | | | | 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) (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 July 10, 1952 , to May 7, 1953 , that I last saw the deceased alive on May 7, 1953 , and that death occurred at 8 AM m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Howard Carter M.D. | | | | 23b. ADDRESS Browning, Mo. | | 23c. DATE SIGNED May 8, 1953 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE May 9, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Jenkins | | 24d. LOCATION (City, town, or county) (State) Browning, Mo. | | | |
| DATE REC'D BY LOCAL REG. May 14 '53 | | REGISTRAR'S SIGNATURE Elva Cookshaw | | 25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home | | ADDRESS Browning | | | |

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 Gerald T. Wadsworth

Licensed Embalmer No. 4172

P. O. Address Browning

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.