

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18971**

FILED JUN 9 1953

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. LENGTH OF STAY (In this place) 3 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker		0850	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hosp				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) SYLVIA			b. (Middle) KATHERYN			c. (Last) JONES	
4. DATE OF DEATH (Month) (Day) (Year) May 31 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb 21, 1914		9. AGE (In years last birthday) 39		10. MONTHS 3		11. DAYS 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Waynesville, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Joseph Ledbetter			
13b. MOTHER'S MAIDEN NAME Mildred Eckman				14. NAME OF HUSBAND OR WIFE Reber Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Reber Jones		ADDRESS Crocker Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		085	
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 May 30, 1953, to May 31, 1953 that I last saw the deceased alive on May 31, 1953 , and that death occurred at 8.00P m. , from the cause and on the date stated above.							
23a. SIGNATURE R. O. Munner, M.D. (Degree or title)				23b. ADDRESS Waynesville, Mo		23c. DATE SIGNED June 1 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 2, 53		24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery		24d. LOCATION (City, town, or county) (State) Crocker Missouri	
DATE REC'D BY LOCAL REG. 6-1-53		REGISTRAR'S SIGNATURE Paula Gene Anderson		25. FUNERAL DIRECTOR'S NAME WALTER C. HEDGES		ADDRESS IBERIA, MISSOURI	

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

0850

Date Filed 6-6-53

File Number

Pulaski County Health Officer

RECEIVED 6-1-53

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Clarence Shover

Signed.....
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.