

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 21304
Registrar's No. 556-C

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>556-C</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY OR TOWN <u>Springfield,</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>Springfield,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1146 Hamilton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtia</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 25, 1872</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></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>In Home</u>		11. BIRTHPLACE (State or foreign country) <u>Farmington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hiram Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Amos</u>		14. NAME OF HUSBAND OR WIFE <u>Albert J. Jones</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Albert E. Jones Springfield,</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myxosarcoma recurrent + generalized osseous metastases</u>			Mo. <u>12 mo.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last: DUE TO (b) <u>Hypertension in old girl</u>				<u>6 mo</u>		
	DUE TO (c) <u>Cardiac muscle failure</u>				<u>60 hrs</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>				<u>5 yr</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Myxosarcoma fascia right leg removed 9/2</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) <u>197X</u>			
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 <u>Jan 1, 1950</u> , to <u>June 11, 1953</u> , that I last saw the deceased alive on <u>June 11, 1953</u> , and that death occurred at <u>2:55 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert Glynn M.D. Farmington Mo.</u>			23b. ADDRESS <u>Farmington Mo.</u>			23c. DATE SIGNED <u>6/13</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 13, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6-15-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gorman-Scharpf Funeral Home, Inc Springfield, Missouri</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 _____



Licensed Embalmer No. 3177

P. O. Address Springfield, 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.