

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23651

State File No.

FILED JUL 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 99

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u>	
c. LENGTH OF STAY (In this place) <u>2 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Tates Nursing Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>LETTIE</u>	c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>May 23 53</u>

5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 10 1870</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Geo. W. Wikoff</u>	13b. MOTHER'S MAIDEN NAME <u>Margeret Perry</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Jones</u>
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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>Frank Jones</u>	ADDRESS <u>Sheldon Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</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>Nephrolongphritis</u>		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>493x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-18, 1953, to 5-23, 1953, that I last saw the deceased alive on 5-23, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R.E. Morris, M.D.</u>	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>6/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 25 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Milo</u>	24d. LOCATION (City, town, or county) (State) <u>Milo Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-29-53</u>	REGISTRAR'S SIGNATURE <u>(Anna) & Perry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beary Funeral Home</u>	ADDRESS <u>Sheldon Mo.</u>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

L. Gerald Beeny

Signed.....
Student Embalmer

Licensed Embalmer No. *4803*

P. O. Address *Heldau 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.