

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

25336

State File No. \_\_\_\_\_

**FILED AUG 7 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 309

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sugar Creek</u> c. LENGTH OF STAY (In this place) <u>50 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 116 S. Northern</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sugar Creek</u> d. STREET ADDRESS (If rural, give location) <u>116 S. Northern</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <u>Olive</u>	a. (First) <u>Olive</u>	b. (Middle) <u>V</u>	c. (Last) <u>Jones</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 27, 1953</u>
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<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>widowed</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 23, 1870</u>	9. AGE (In years last birthday) <u>82</u>	10. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Calloway County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Jesse Spradley</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lizzie Baszor</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Frank B. Jones</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Edith Hammett, Sugar Creek, Mo.</u>	<b>ADDRESS</b> <u>Sugar Creek, Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>  <u>2 yrs.</u>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4500</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Sept. 1951, to 7-24, 1953, that I last saw the deceased alive on 7-24, 1953, and that death occurred at 4:05A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>C. M. Bernech</u>	<b>23b. ADDRESS</b> <u>Sugar Creek, Mo.</u>	<b>23c. DATE SIGNED</b> <u>7-27-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>7/29/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Washington Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>7-29-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Prob. Carson</u>	<b>ADDRESS</b> <u>Independence, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Richard P. Francis

Licensed Embalmer No. 4863

P. O. Address Indef., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.