

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25832**

FILED JUL 21 1953

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 59

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Camden</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u> | |
| b. CITY (If outside corporate limits, write RFD and give township) <u>Camden</u> | | c. CITY (If outside corporate limits, write BURAL and give township) <u>Camden</u> | |
| c. LENGTH OF STAY (in this place) <u>1 year</u> | | d. STREET ADDRESS (If rural, give location) <u>10780</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Jones</u> c. (Last) <u>Jones</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-53</u> | | |
| 5. SEX <u>F</u> 3 | | 6. COLOR OR RACE <u>Col</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 8. DATE OF BIRTH <u>4-3-1893</u> | | 9. AGE (In years last birthday) <u>60</u> | | IF UNDER 1 YEAR Months <u>3</u> Days <u>7</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 | | 11. BIRTHPLACE (State or foreign country) <u>Blytheville Ark</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Sam Carr</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Stephens</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jessie Jones</u> | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Jones</u> ADDRESS <u>C-ville Ark</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 | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> | | | DUPLICATE OF (b) <u>Hypertension</u> | | | DUPLICATE OF (c) <u>—</u> | | |
| ANTECEDENT CAUSES | | | DUPLICATE OF (b) | | | DUPLICATE OF (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | DUPLICATE OF (b) | | | DUPLICATE OF (c) | | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION <u>—</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |

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|---|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u> | | 21c. (CITY-TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Camden, Camden, MO</u> | |
| 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? <u>—</u> | |

22. I hereby certify that I attended the deceased from 30 June, 1953, to 10 July, 1953, that I last saw the deceased alive on 10 July, 1953 and that death occurred at 4:30 a.m., from the causes and on the date stated above.

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|--|--|--------------------------------|--|--------------------------------------|--|
| 23a. SIGNATURE <u>J. Wolke</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>Camden, Mo</u> | | 23c. DATE SIGNED <u>10 July 1953</u> | |
|--|--|--------------------------------|--|--------------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | | 24b. DATE <u>7-12-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Belly Grove</u> | | 24d. LOCATION (City, town, or county) (State) <u>Steele MO</u> | |
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| DATE REC'D BY LOCAL REG. <u>July 14, 1953</u> | | REGISTRAR'S SIGNATURE <u>Jessie B. Wilke</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Berman and Co. Steele Mo.</u> ADDRESS | |
|---|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

7-239-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUL 18 1953

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.....
Student Embalmer

Signed *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, Mo.*

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

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