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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1953

State File No. 25899

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3953 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Buffalo
c. LENGTH OF STAY (In this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Zirkle Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Muscatine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Muscatine
d. STREET ADDRESS (If rural, give location): 1725 Grand Ave.

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3. NAME OF DECEASED (Type or Print)
a. (First): RAY
b. (Middle): ELBERTH
c. (Last): JONES

4. DATE OF DEATH (Month) (Day) (Year): JULY 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 14, 1889
9. AGE (In years last birthday): 64 — If under 1 year: Months 1, Days 9 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operater
10b. KIND OF BUSINESS OR INDUSTRY: Machinest
11. BIRTHPLACE (State or foreign country): Pike Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: John Thomas Jones
13b. MOTHER'S MAIDEN NAME: Mary J. Pitt
14. NAME OF HUSBAND OR WIFE: Sarah Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 479-09-4172
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Ira M. Jones, Muscatine, Iowa

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — Interval between onset and death: 6 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Intra abdominal
DUE TO (c) Ca c̄ primaries to liver

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: 1991
20. AUTOPSY? YES ☐ NO ☑

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): _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: _____
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* 5-29, 1953, *to* 7-23, 1953, *that I last saw the deceased alive on* 7-15, 1953, *and that death occurred at* 8.20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas A Lewellen M.D.
23b. ADDRESS: Louisiana, Missouri
23c. DATE SIGNED: 7-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/25/53
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Louisiana, Missouri

DATE REC'D BY LOCAL REG.: July 24, 1953
REGISTRAR'S SIGNATURE: Bernice Collier 374
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Sterne Funeral Home, Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Virginia M. Stern

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.