

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32270**

FILED OCT 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 138

1. PLACE OF DEATH  
a. COUNTY Laclede

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo b. COUNTY Laclede

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon c. LENGTH OF STAY (in this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon 0532

d. FULL NAME OF HOSPITAL OR INSTITUTION Lebanon Mizer Addn. d. STREET ADDRESS (If rural, give location) Mizer Addition

3. NAME OF DECEASED  
a. (First) Ferbie b. (Middle) F. c. (Last) Jones 4. DATE OF DEATH (Month) (Day) (Year) Oct. 3 1953

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan. 3 1910 9. AGE (in years last birthday) 43 # UNDER 1 YEAR Months 43 # UNDER 1 YEAR Days 43 # UNDER 1 YEAR Hours 43 # UNDER 1 YEAR Mins. 43

10a. USUAL OCCUPATION (Give kind of work depending upon most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) Camden Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Tom Osborn 13b. MOTHER'S MAIDEN NAME Jane West 14. NAME OF HUSBAND OR WIFE Elvie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. ✓ 17. INFORMANT'S SIGNATURE OR NAME Elva Jones, Lebanon, Mo. ADDRESS \_\_\_\_\_

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, asthma, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Lymphosarcomatosis MEDICAL CERTIFICATION  
INTERVAL BETWEEN ONSET AND DEATH 3 years

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.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  2001

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) \_\_\_\_\_ 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 1970, 19, to Oct. 3, 1953, that I last saw the deceased alive on Oct. 3, 1953, and that death occurred at 9:52 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. D. Lebaron, M.D. 23b. ADDRESS Lebanon, Mo. 23c. DATE SIGNED 10-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/5/1953 24c. NAME OF CEMETERY OR CREMATORY Lebanon 24d. LOCATION (City, town, or county) (State) Lebanon Mo.

DATE REC'D BY LOCAL REG. 10-5-1953 REGISTRAR'S SIGNATURE Willa L. Gray 25. FUNERAL DIRECTOR'S SIGNATURE Palmer ADDRESS Lebanon, Mo.

OCT 10 1953

Received .....

Laclede County Health Unit

File No. 10-53-142

Date Filed OCT 13 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 .....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*S. R. Palmer*

Licensed Embalmer No. 2208

P. O. Address L. Cannon

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.