

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 36638

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>NEOSHO</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>NEOSHO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>721 YOUNG ST.</u>		e. STREET ADDRESS (If rural, give location) <u>721 YOUNG ST 0132</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LUCY</u>	b. (Middle) <u>ELLEN</u>	c. (Last) <u>KEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1953</u>
-------------------------------------	------------------------	--------------------------	----------------------	--

5. SEX <u>FEM</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 27, 1866</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>PALASKI Co. KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	---	--	--

13a. FATHER'S NAME <u>GRANVILLE W. JONES</u>	13b. MOTHER'S MAIDEN NAME <u>MORINEY PRICE</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MONTA KRESS SPRINGFIELD, MO</u>	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>from 1-8-53 to 10-30-53</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Sclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Fibrosis</u> 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 <u>525X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from 1-8-, 1953, to 10-30, 1953 that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. P. L. Davis MD</u> (Degree or title)	23b. ADDRESS <u>Neosho Mo.</u>	23c. DATE SIGNED <u>11-1-53</u>
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-1-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>THRASHER</u>	24d. LOCATION (City, town, or county) (State) <u>NEWTON Co. MISSOURI</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>11-6-53</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> <u>223-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orelly Thompson</u> ADDRESS <u>Neosho Mo.</u>
---	--	---

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

725 2
 Neosho 1

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No.

District File Number 1153-210

Date Filed NOV 13 1953

NEOSHO, MISSOURI

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.....
Signature of Student Embalmer

Signed *Ray J. Adams*

Licensed Embalmer No. 4928

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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