

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41886

State File No. ....

34008  
FILED DEC 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 177

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

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>	
c. LENGTH OF STAY (in this place) <b>6 mo.</b>		d. STREET ADDRESS (If rural, give location) <b>1302 N. Washington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frances</b>		b. (Middle) <b>Marie</b>	
c. (Last) <b>Jones</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 19 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>May 16, 1953</b>
9. AGE (In years last birthday) <b>0</b>		IF UNDER 1 YEAR <b>6</b> Months	IF UNDER 2 HRS. <b>3</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Nevada, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			
13a. FATHER'S NAME <b>Howard Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Lenne</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Howard Jones</b>		ADDRESS <b>Nevada, Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial failure</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocardial degeneration</b>	
		DUE TO (c) <b>hepatitis</b>	
		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 <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 <b>16 hrs</b> , 19 <b>53</b> , to <b>19 hrs</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>18 hrs</b> , 19 <b>53</b> , and that death occurred at <b>3:12</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Ray W. Pearce M.D.</b>		23b. ADDRESS <b>Wagoner, Okla</b>	
23c. DATE SIGNED <b>11/20/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov. 21 - 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Pittsburg, RE 4 Kansas</b>	
DATE REC'D BY LOCAL REG. <b>12-9-53</b>		REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>SMITH FUNERAL HOME</b>		ADDRESS <b>Pittsburg, Kans</b>	

3

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. 3969

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. K. Smith

Licensed Embalmer No. \_\_\_\_\_

P. O. Address Pittsburg, 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.