

49035-53 STANDARD CERTIFICATE OF DEATH

State File No. 3634

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6084 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>0970</u> OR <u>0</u> TOWN <u>Rural Blackwater</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Blackwater</u> OR <u>Blackwater</u> TOWN <u>Allher</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u> OR <u>0</u> TOWN <u>Rural Blackwater</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles South West-Nelson</u>			d. STREET ADDRESS (If rural, give location) <u>No. 5 Mi. S. West of Nelson, Mo.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joyce</u> b. (Middle) <u>Lee</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 13-1953</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>24</u> Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Marshall, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James Lyle Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Janice Lee Cunningham</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Lyle Jones-Nelson, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastro Enteritis</u>		DUE TO (b) <u>To Virus</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
2. 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>5710</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) m.		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 Feb 6, 1954, to Feb 7, 1954, that I last saw the deceased alive on Feb 6, 1954, and that death occurred at 4:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Geo. T. Nickles, D.O.</u>		23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>2-8-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/9/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>2-8-54</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>		24d. LOCATION (City, town, or county) (State) <u>Nelson, Missouri</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Sweeney</u>		ADDRESS <u>Marshall, Mo.</u>	

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

J. Healy Swanson

Licensed Embalmer No. *2285*

P. O. Address

Marshall, W.V.

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.