

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3828**

FILED FEB 8 1954 REG. DIST. NO. **376** PRIMARY REG. DIST. NO. **4540** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORWOOD, CLARK TWP.		c. CITY OR TOWN NORWOOD	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION NORWOOD MAIN STREET		e. STREET ADDRESS (If rural, give location) MAIN STREET	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) LOU c. (Last) RETTA JONES		4. DATE OF DEATH (Month) (Day) (Year) JAN. 11 54	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 6, 1875
9. AGE (In years last birthday) 78		10. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Hartville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Henry Coday	
13b. MOTHER'S MAIDEN NAME Eliza Box		14. NAME OF HUSBAND OR WIFE John J. Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 4500	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Tharp, Norwood, Missouri		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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocardial Heart Disease DUE TO (c) Arteriosclerosis 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 4500	
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 JAN 1, 1954 to JAN 11, 1954 , that I last saw the deceased alive on JAN 11, 1954 , and that death occurred at 3:20 AM. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Edison W. Chambers MD		23b. ADDRESS North Grove Mo.	
23c. DATE SIGNED 1-20-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan. 15, 1954		24c. NAME OF CEMETERY OR CREMATORY Thomas Cemetery	
24d. LOCATION (City, town, or county) (State) Norwood, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE Russell W. Barber	
24f. ADDRESS North Grove		DATE REC'D BY LOCAL REG. 1-29-54	
REGISTRAR'S SIGNATURE Mrs. G. R. Worsham		REG. NO. 347-0	

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

County File Number
Date Filed 2-6-54

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... *Russell W Barber*

Licensed Embalmer No. *384*

P. O. Address *Mtn St*

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.