

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5508

State File No.

No. 300
10-48

FILED MAR 15 1954

REG. DIST. NO. 218

PRIMARY REG. DIST. NO. 5789

Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Rural Long Prairie, Mo</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>	
c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Rural Long Prairie, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles west of East Prairie, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles west of East Prairie, Mo</u>		e. STREET ADDRESS (If rural, give location) <u>2 miles west of East Prairie, Mo</u>	
3. NAME OF DECEASED a. (First) <u>LINDA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27-1954</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>June 10-1940</u>
9. AGE (In years last birthday) <u>13</u>		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) <u>Bladett, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gae Edward Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Ladie Howton</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Gae Edward Jones Rt 1 East Prairie</u>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolic Coronary Artery</u> ANTECEDENT CAUSES <u>abscess, Dental</u> DUE TO (b) <u>abscess, Dental</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>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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) (Min)		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 <u>Feb 22, 1954</u> to <u>Feb 27, 1954</u> , that I last saw the deceased alive on <u>Feb 27, 1954</u> and that death occurred at <u>4:30 pm</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>S. Martin, M.D.</u>		23b. ADDRESS <u>St Francis, Mo 67254</u>	
23c. DATE SIGNED <u>27-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-1-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Mississippi Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Travis Shelby, East Prairie, Mo</u>	
26. DATE REC'D BY LOCAL REG. <u>3-10-54</u>		27. REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

670

MAR 1 2 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAR 1 2 1954

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 T. Xavier W. Shelbey Jr.

Licensed Embalmer No. 2940

P. O. Address East Prairie, 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.