No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9367

BIRTH NO. FILED APR 5 1954 REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 191

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (In this place): 1 Mon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Still-Hildreth San.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs 6042 1
d. STREET ADDRESS (If rural, give location): 115 E. Excelsior St.

3. NAME OF DECEASED (Type or Print)
a. (First): Hazel b. (Middle): D. c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Mar. 25, 1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 4, 1891
9. AGE (In years last birthday): 63 | 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): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Adair Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Brice Snyder
13b. MOTHER'S MAIDEN NAME: Julia B. Bozarth
14. NAME OF HUSBAND OR WIFE: C. R. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: C. R. Jones, Excelsior, Springs, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Medullary failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) thrombotic encephalomalacia

DUE TO (c) arteriosclerosisis

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 352 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14, 1954, *to* 3-25, 1954, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Nancy S. Still D.O.
23b. ADDRESS: Macon, Missouri
23c. DATE SIGNED: 3-26, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/28/54
24c. NAME OF CEMETERY OR CREMATORY: Maple Hills
24d. LOCATION (City, town, or county) (State): Kirksville, Mo.

DATE REC'D BY LOCAL REG.: 3/27/54
REGISTRAR'S SIGNATURE: Ruth McCreedy 185-0
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Paul M. Tilley, Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1957

RECEIVED 3.30.57
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.5.4.5.1
Date Filed 3.31.57

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Richard H. Bandall

Signed.....
Student Embalmer

Licensed Embalmer No. 4866

P. O. Address Kirksville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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