

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13633

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4040

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Kentucky b. COUNTY Henderson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Henderson	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 901 S. Green St. 814 ⁰ 8	
3. NAME OF DECEASED (Type or Print) a. (First) Irene b. (Middle) S. c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) May 2 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 6, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.	9. AGE (In years last birthday) 47
11. BIRTHPLACE (City and State or Foreign Country) Henderson, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J. A. Sights		13b. MOTHER'S MAIDEN NAME Edna Eblen	14. NAME OF HUSBAND OR WIFE C. E. Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. P. Sights, Henderson, Kentucky.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myelogenous Leukemia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 204.1
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 1-28, 1954, to 5-2, 1954, that I last saw the deceased alive on 5-2, 1954, and that death occurred at 9:45 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. P. Sights, M.D.		23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 5/3/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-3-54	24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery
24d. LOCATION (City, town, or county) (State) Henderson Kentucky.			
DATE REC'D BY LOCAL HEALTH DEPT. MAY 4 1954		REGISTRAR'S SIGNATURE Albert H. Hopps	
		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hopps, 4700 Washington, Bly	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *John J. D'Annunzio*
Licensed Embalmer No. *419*
P. O. Address *St. Louis*

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.