

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24137**

BIRTH NO. **97269-54** REG. DIST. NO. **304** PRIMARY REG. DIST. NO. **4452** Registrar's No. **13**

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| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville | |
| c. LENGTH OF STAY (In this place) 6 days | | d. STREET ADDRESS (If rural, give location) Wentzville | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Wentzville (HOME) | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Violet b. (Middle) Maria c. (Last) Jones | | | 4. DATE OF DEATH (Month) (Day) (Year) July 14 1954 | | |
| 5. SEX Female | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | |
| 8. DATE OF BIRTH July 9, 1954 | | 9. AGE (In years last birthday) 6 | | IF UNDER 1 YEAR Months 6 IF UNDER 2 HRS. Days 6 Hours 0 Min. 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) Wentzville, Missouri | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME Jess Willard Jones | | 13b. MOTHER'S MAIDEN NAME Mariana Morton | | 14. NAME OF HUSBAND OR WIFE None | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jess Willard Jones Wentzville, Mo. | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atonic convulsions | | DUPLICATE OF (b) Cerebral Hemorrhage | | | 17 Hours |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUPLICATE OF (c) | | | 77 Hrs |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|--|----------------------------------|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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| 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 **7/13 1954**, to **7/14 1954**, that I last saw the deceased alive on **7/14/54**, and that death occurred at **3:30P m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) H. C. McCoy M.D. | | 23b. ADDRESS Wentzville, Mo. | | 23c. DATE SIGNED 7/16/54 | |
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|---|--|--------------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 14, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) St. Charles Co. Missouri | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. July 18/1954 | | REGISTRAR'S SIGNATURE Martin P. Papp | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. G. Fitzmaurice Funeral Home Wentzville Mo. | |
|--|--|---|--|---|--|

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

920

0920

7600

(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 _____

Garlton J. Pitman

Student Embalmer No. 497

working under my personal supervision.

Student *Garlton J. Pitman*
Student Embalmer

Signed *Annetta M. Pitman*

Licensed Embalmer No. 3055

P. O. Address *Westville, N.C.*

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.