

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29808**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 4050		Registrar's No. 255		
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, write RURAL and give town) Harrisburg, Mo.		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY OR TOWN Harrisburg		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Perche Twp.				STREET ADDRESS (If rural, give location) -----				
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Pearl c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1954					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2/12/1880		
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 6 Days 24		IF UNDER 24 HRS. Hours --- Min. ---				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Issum Burks			13b. MOTHER'S MAIDEN NAME Sarah Jane Barnes			14. NAME OF HUSBAND OR WIFE William Edward Jones		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Robert Earl Jones ADDRESS Harrisburg, 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) Carcinoma breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) terminal pneumonia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 yr	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) _____ 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 <u>June</u> , 1954, to <u>Sept 6</u> , 1954, that I last saw the deceased alive on <u>Sept 5</u> , 1954, and that death occurred at <u>9</u> <u>p.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <i>[Signature]</i> (Degree or title) _____				23b. ADDRESS Fayette Mo		23c. DATE SIGNED 9/10/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/8/1954		24c. NAME OF CEMETERY OR CREMATORY Harrisburg Cemetery		24d. LOCATION (City, town, or county) (State) Harrisburg Missouri		
DATE REC'D BY LOCAL REG Sept. 14, 1954		REGISTRAR'S SIGNATURE Mrs R E Palmer 3-1-54		25. FUNERAL DIRECTOR'S SIGNATURE Ralph W Carr ADDRESS Fayette, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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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, ~~by~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Ralph A. Carr

Licensed Embalmer No. *33*

P. O. Address *Jayette*

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.