

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38

30109

BIRTH NO. _____		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>5294</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY OR TOWN <u>Rural Lathrop Twp</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Clinton</u>		d. STREET ADDRESS (If rural, give location) <u>R. 7. D. Lathrop, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. 7. D. Lathrop, MO.</u>				d. STREET ADDRESS (If rural, give location) <u>R. 7. D. Lathrop, MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Blanche</u> b. (Middle) <u>Malcolm</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 2 1896</u>	
9. AGE (In years last birthday) <u>58</u>		10. KIND OF BUSINESS OR INDUSTRY <u>NAME KEAPER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Edgerton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C.E. MALCOLM</u>			13b. MOTHER'S MAIDEN NAME <u>LOMA ARNOLD</u>		14. NAME OF HUSBAND OR WIFE <u>RAY JONES</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>RAY JONES R. 7. D. Lathrop, MO.</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.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pseudomonas Cyst. adenocarcinoma of ovary</u> 3-4 yrs							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatosis generalised</u> 4-5 mo							
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>175 X</u>					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)			
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>May</u> , 1954, to <u>Sept 12</u> , 1954, that I last saw the deceased alive on <u>Sept 12</u> , 1954, and that death occurred at <u>9:35 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John P. Mabey M.D.</u>			23b. ADDRESS <u>Plattsburg, Mo.</u>			23c. DATE SIGNED <u>Sept 13, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept. 14 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRAYSON Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton County, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 17, 1954</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Seacal</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Lyon</u>		ADDRESS <u>Plattsburg, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

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 \_\_\_\_\_

*Daniel D. Lyon*

Licensed Embalmer No. 3640

P. O. Address Plattsburgh, N.Y.

*Plattsburgh, N.Y.*

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.