

FILED OCT 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30461

|   |  |  |  |   |  |  |   |
|---|--|--|--|---|--|--|---|
| BIRTH NO. _____   |  | REG. DIST. NO. 144   |  | PRIMARY REG. DIST. NO. 2334   |  | Registrar's No. 44   |   |
| 1. PLACE OF DEATH<br>a. COUNTY Iron   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Iron |  |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton  |  | c. LENGTH OF STAY (In this place) 10 da.   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Iron Twsp. 0470                       |  |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital<br><i>Transfer from St. Anthony's Hosp.</i>   |  |  |  | d. STREET ADDRESS (If rural, give location) 1 1/2 mi. southeast of Graniteville   |  |  |   |
| 3. NAME OF DECEASED.<br>(Type or Print) MARY  |  | a. (First) LOUISE  |  | b. (Middle) Jones, (Last) JONES   |  | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 16 1954              |   |
| 5. SEX fem  |  | 6. COLOR OR RACE white   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married  |  | 8. DATE OF BIRTH Sept. 3 1937                                    |   |
| 9. AGE (In years last birthday) 17  |  | 10. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.  |  | 12. CITIZEN OF WHAT COUNTRY? USA                                 |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school girl Ironton High School   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.  |  | 12. CITIZEN OF WHAT COUNTRY? USA                                 |   |
| 13a. FATHER'S NAME Lester Jones   |  |  | 13b. MOTHER'S MAIDEN NAME Marjorie Hampton |   |  | 14. NAME OF HUSBAND OR WIFE ##                                   |   |
| 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.  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lester Jones, Graniteville Mo.  |  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchial pneumonia<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>neuro-myelitis</i><br><br>DUE TO (c) <i>355X</i><br><br>II: OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><i>Diagnosis made at St. Anthony's Hospital</i> |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>1 day</i><br><i>3 wks</i>                    |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><i>St. Louis, Mo.</i>  |  |   |  |  | 20. AUTOPSY?<br>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)   |  | 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 9-16, 1954, to 9-16, 1954, that I last saw the deceased alive on 9-16, 1954, and that death occurred at 2:20 P. M., from the causes and on the date stated above.      |  |  |  |   |  |  |   |
| 23a. SIGNATURE (Degree or title) R. E. Garland M.D.   |  |  |  | 23b. ADDRESS Ironton, Missouri  |  | 23c. DATE SIGNED 9-18-54   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial  |  | 24b. DATE 9-19-54  |  | 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery   |  | 24d. LOCATION (City, town, or county) (State) Bismarck, Missouri |   |
| DATE REC'D BY LOCAL REG. 10-4-54  |  | REGISTRAR'S SIGNATURE Mrs. Lois Jones 125-0  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo   |  |  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

**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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Trouton Ave

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.