No. 300
10.48

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

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39993

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6288 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL (UNION)
c. LENGTH OF STAY (In this place) 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RURAL No. GROVE SPRINGS MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY WRIGHT
c. CITY OR TOWN GROVE Springs
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location) RURAL 4 Mi SE Grove Springs Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) ISABEL
b. (Middle) Minka
c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year) NOV. 28 - 1954

5. SEX FE.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 10-1-1873
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months 1 Days 27 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) WRIGHT County
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME PRIESTER, Wm.
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE LEWIS JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Lewis Jones, ADDRESS Grove Spring, 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) TERMINAL Carcinoma of abdominal Cavity — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES

Morbid 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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE No Dr. available (Degree or title) B Garner, Local Registrar
23b. ADDRESS Hartville, Mo.
23c. DATE SIGNED 12-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 11-30-54
24c. NAME OF CEMETERY OR CREMATORY SHADY
24d. LOCATION (City, town, or county) (State) 3 Mi So Grove Spring, Mo.

DATE REC'D BY LOCAL REG. 12-10-54
REGISTRAR'S SIGNATURE B Garner
25. FUNERAL DIRECTOR'S SIGNATURE John S. Simpson ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

County File Number 1254-130
Date Filed 12-11-54

OCT 31 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Harry Clyse

Licensed Embalmer No. 459

P. O. Address Springfi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.