

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41735

State File No.

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4324 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mercer		c. LENGTH OF STAY (in this place) 12 yrs.	c. CITY OR TOWN Mercer
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home		STREET ADDRESS (If rural, give location) 0650	
3. NAME OF DECEASED a. (First) Lou b. (Middle) T. c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 27, 1880
9. AGE (in years last birthday) 74		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Burgess Cunningham		13b. MOTHER'S MAIDEN NAME Letha Ader	14. NAME OF HUSBAND OR WIFE John F. Jones
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 Robert E. Jones ADDRESS Mercer 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion-sudden death; found dead in bed. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Had been having recurring attacks of auricular fibrillation, with pain; praecordial for years; intermittently. DUE TO (c) intermittently. 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 None	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)		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 2-3, 1942 , to Dec 25, 1954 that I last saw the deceased alive on Dec 20, 1954 , and that death occurred at 7:30 Am. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Princeton Mo	23c. DATE SIGNED 1/4/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 27, 1954	24c. NAME OF CEMETERY OR CREMATORY Early Cemetery
24d. LOCATION (City, town, or county) Mercer		24e. (State) Mo.	
DATE REC'D BY LOCAL REG. 1-10-55		REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Lineville Iowa

(Licensed Embalmer's Statement on Reverse Side)

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

1918

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

Student.....
Signature of Student Embalmer

Signed *Paul L. Greenlee*.....

Licensed Embalmer No. 396

P. O. Address *Lima, Ill.*

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.