

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **734**

FILED JAN 25 1955

BIRTH NO. **4232454** REG. DIST. NO. **105** PRIMARY REG. DIST. NO. **5419** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Freeborn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Freeborn 0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile West Clarkton		d. STREET ADDRESS (If rural, give location) 1 Mile west Clarkton 0	
3. NAME OF DECEASED (Type or Print) a. (First) Carry		b. (Middle) Mae	
c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) 1-13-1955	
5. SEX Female	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 7-21-1954
9. AGE (In years last birthday) 0		10. UNDER 1 YEAR (Months) (Days) 5 10	11. UNDER 18 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	
11. BIRTHPLACE (State or foreign country) Clarkton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Elijah Jones		13b. MOTHER'S MAIDEN NAME Lillie Jones	
14. NAME OF HUSBAND OR WIFE None.			
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 Elijah Jones, Clarkton, Mo.		ADDRESS	
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 Pneumonia, lobar INTERVAL BETWEEN ONSET AND DEATH 3 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		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 490x	
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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:0 P.M. on _____, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Quinton Tarver, Coroner, Dunklin County		23b. ADDRESS Kennett, Mo.	
23c. DATE SIGNED 1/15/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-14-55	
24c. NAME OF CEMETERY OR CREMATORY Stanfield		24d. LOCATION (City, town, or county) (State) Clarkton, Mo.	
DATE REC'D BY LOCAL REG. 1-18-55		REGISTRAR'S SIGNATURE Marguerite George 440	
25. FUNERAL DIRECTOR'S SIGNATURE Day Funeral Home, Malden, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

3.300
0.48

RECEIVED DUNKLIN COUNTY HEA

DATE 1-24-55

COUNTY FILE NUMBER 1-555

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.....

Licensed Embalmer No.....

P. O. Address.....

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.