

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1955

State File No. **4328**

BIRTH NO. _____ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **4151** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STEEVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STEEVILLE 0280	
c. LENGTH OF STAY (in this place) 50 YRS		d. STREET ADDRESS (If rural, give location) J	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) DELPHINE c. (Last) JONES			4. DATE OF DEATH FEB. 27-1955		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 2 NOV. 29-1873		9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) LINN, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA.				13a. FATHER'S NAME WILLIAM R. HIBLER	
13b. MOTHER'S MAIDEN NAME MARY LAMBETH				14. NAME OF HUSBAND OR WIFE JOHN WILLIAM JONES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME HUGH JONES ADDRESS STEEVILLE, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) acute myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 7 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) senile debility			
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 **Feb. 26**, 1955, to _____, 19____, that I last saw the deceased alive on **Feb 26**, 1955, and that death occurred at **12:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] 505 (Degree or title) DO.		23b. ADDRESS Steeville, Mo.		23c. DATE SIGNED 2/28/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-1-1955		24c. NAME OF CEMETERY OR CREMATORY HIBLER CEMETERY	
24d. LOCATION (City, town, or county) (State) CRAWFORD COUNTY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas L. Halbert ADDRESS Steeville, Mo.		DATE REC'D BY LOCAL REG. 3/3/55 REGISTRAR'S SIGNATURE Mrs. Hazel Lickers	

(Licensed Embalmer's Statement on Reverse Side)

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

0280

MAR 8 1957

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 Thomas J. Gilbert

Licensed Embalmer No. 4332

P. O. Address Steelville Mo

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.