

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 6 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) St. Francois twp TOWN Parrrington - rural		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Bonne Terre
d. FULL NAME OF HOSPITAL OR INSTITUTION Mineral Area Osteo Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS		(If rural, give location)	

3. NAME OF DECEASED a. (First) ROSIE b. (Middle) ELLEN c. (Last) JONES			4. DATE OF DEATH (Month) (Day) (Year) March-28-1955		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March-12-1896	9. AGE (In years last birthday) 59	10. IF UNDER 1 YEAR Months 0 Days 16
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) Bollinger County, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Barbra Moore	14. NAME OF HUSBAND OR WIFE Frank 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 Bertha Jones
		ADDRESS St. Louis, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema Lungs		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Heart insufficiency DUE TO (c) Obesity		
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 42222	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 March 19, 1955 to March 28, 1955, 1955, that I last saw the deceased alive on Mar 27, 1955 and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE B. M. Mavity	(Degree or title) DO	23b. ADDRESS Bonne Terre, Missouri	23c. DATE SIGNED 3/30/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March-31-55	24c. NAME OF CEMETERY OR CREMATORY Germania Cemetery	24d. LOCATION (City, town, or county) (State) St. Francois Co., Mo.

DATE REC'D BY LOCAL REG. Mar. 30, 1955	REGISTRAR'S SIGNATURE Catherine Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Sparks F. Home	ADDRESS Bonne Terre, Mo
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No. 300
10-48
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 9 1955

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.....
Signature of Student Embalmer

Signed *Murphy L. Sparks*.....

Licensed Embalmer No. *4725*.....

P. O. Address *Lat. River*.....

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.