

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14407**

FILED MAY 2 1955

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4499** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Shelbina Mo		c. LENGTH OF STAY (in this place) 3yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) 102nd	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Olivia c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) April 19th 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 28th 1868
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 7	IF UNDER 24 Hrs. Days 21 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY House Work	11. BIRTHPLACE (City and State or Foreign Country) Bethel Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Reuben W McVey	
13b. MOTHER'S MAIDEN NAME Martha Jane Crutchfield		14. NAME OF HUSBAND OR WIFE Edward Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Roy Neff		ADDRESS Shelbina 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy - generalized INTERVAL BETWEEN ONSET AND DEATH 12 yrs. ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 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 January , 19 49 , to April 19 , 19 55 , that I last saw the deceased alive on 3/18 , 19 55 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE R. Neff		(Degree or title) Sm	
23b. ADDRESS Shelbina, Mo		23c. DATE SIGNED 4-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/21/55	
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F Shelbina		24d. LOCATION (City, town, or county) (State) Shelbina Mo	
DATE REC'D BY LOCAL REG. 4-26-55		REGISTRAR'S SIGNATURE Ada Garrison	
419		25. FUNERAL DIRECTOR'S SIGNATURE Barkelaw & Hawkins	
ADDRESS Shelbina Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Henry A. Barklee*

Licensed Embalmer No. *383*

P. O. Address *Shelburne*

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.

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