

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14418**

FILED APR 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6152** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter Liberty Twp.</b>		c. CITY OR TOWN <b>Essex</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Davis Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Route 1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Nettie</b>	b. (Middle) <b>NMI</b>	c. (Last) <b>Jones</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 14, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan. 14, 1871</b>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs: Days) (Hours) (Min.) <b>84</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Harrisburg, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joe Davis</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>XXXXXX XXXX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Byron J. Jones</b>	ADDRESS <b>Essex, Mo. R. 1</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>30 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congestive heart failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General Arteriosclerosis</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **October 10, 1954**, to **April 14, 1955**, that I last saw the deceased alive on **April 14, 1955**, and that death occurred at **3:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Dexter Mo</b>	23c. DATE SIGNED <b>April 15, 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>4-17-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bloomfield cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bloomfield, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-15-55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	409	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins &amp; Sons</b>	ADDRESS <b>Dexter, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Mark Watkins*.....

Licensed Embalmer No. *4717*

P. O. Address *Deer M*

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.