

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 15265  
Registrar's No. 74

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3013		State File No. 15265		Registrar's No. 74						
1. PLACE OF DEATH a. COUNTY HENRY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY HENRY									
b. CITY OR TOWN CLINTON		c. LENGTH OF STAY (In this place) 2 1/2 yrs		c. CITY OR TOWN CLINTON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
d. FULL NAME OF HOSPITAL OR INSTITUTION CLINTON CONVALESCENT CENTER					e. STREET ADDRESS (If rural, give location) 306 E. MANHATTAN 0423									
3. NAME OF DECEASED (Type or Print)		a. (First) DICA		b. (Middle) JOSEPHINE		c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) MAY 23 1955						
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH MAR. 22, 1876		9. AGE (In years last birthday) 79						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. DATE OF DEATH (Month) (Day) (Year) MAY 23 1955						
13a. FATHER'S NAME HENRY C. PETERS		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE DECEASED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE						
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy		MEDICAL CERTIFICATION		17. INFORMANT'S SIGNATURE OR NAME Hy C. Jones, 600 E. Green St. Clinton, Mo		INTERVAL BETWEEN ONSET AND DEATH 3 da						
18a. CAUSE OF DEATH		18b. CAUSE OF DEATH		18c. CAUSE OF DEATH		18d. CAUSE OF DEATH		18e. CAUSE OF DEATH						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. MAJOR FINDINGS OF OPERATION		19d. MAJOR FINDINGS OF OPERATION		19e. MAJOR FINDINGS OF OPERATION						
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. HOW DID INJURY OCCUR?		21e. HOW DID INJURY OCCUR?						
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?		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from 5-20, 1955, to 5-23, 1955, that I last saw the deceased alive on 5-23, 1955, and that death occurred at 9 p. m., from the causes and on the date stated above.														
23a. SIGNATURE H. S. Walker, M.D.					23b. ADDRESS Clinton Mo					23c. DATE SIGNED 5-25-55				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE MAY 25 55		24c. NAME OF CEMETERY OR CREMATORY Bunker Cemetery		24d. LOCATION (City, town, or county) (State) Bunker, Mo.		24e. LOCATION (City, town, or county) (State)						
DATE REC'D BY LOCAL REG 5-23-55		REGISTRAR'S SIGNATURE Florence Adams		4-2-2		FUNERAL DIRECTOR'S SIGNATURE W. L. Linsant, Clinton, Mo		ADDRESS						

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 *J. J. Vansant*.....

Licensed Embalmer No. *377*

P. O. Address *Clinton*.....

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.