

16.300  
10.48

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

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33827  
State File No. \_\_\_\_\_

FILED NOV 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL TOWNSHIP Rock</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>NEAR IMPERIAL MO</b>	d. Is 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>NEAR IMPERIAL MO</b>		e. STREET ADDRESS (If rural, give location) <b>IMPERIAL R. R. 1</b>	

3. NAME OF DECEASED a. (First) <b>NELLIE</b>			b. (Middle) <b>COE</b>			c. (Last) <b>JONES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 23 1955</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>AUG. 13 1872</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>83</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	
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>PENN.</b>					

13a. FATHER'S NAME <b>UNKNOWN</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>E. H. JONES</b>					
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>NONE</b>			17. INFORMANT'S SIGNATURE OR NAME <b>E. H. JONES</b>			ADDRESS <b>IMPERIAL MO R R 1</b>		

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) <b>Cerebral haemorrhage</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES		DUE TO (b) <b>Senility</b>		331X	
		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) <b>Imperial Jefferson Mo</b>	
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 July, 1954, to Oct 23, 1955, that I last saw the deceased alive on Oct 23, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title)		23b. ADDRESS <b>Imperial, Mo</b>		23c. DATE SIGNED <b>10/24/55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>OCT 26, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE MAUSOLEUM</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MO</b>	
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DATE REC'D BY LOCAL REG. <b>Oct 29, 1955</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		4385		25. FUNERAL DIRECTOR'S SIGNATURE <b>HEILIGTAG FUNERAL HOME</b>		ADDRESS <b>IMPERIAL MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 2 1955

DEC 6 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 *Elmer Haligtag*

Licensed Embalmer No. 3571

P. O. Address *Imperial*

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.