

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36221

FILED DEC 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 4085 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY OR TOWN <b>Hale</b>	c. LENGTH OF STAY (in this place) <b>53 years</b>	c. CITY OR TOWN <b>Hale</b>	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 <b>Home SE Partown</b>		e. STREET ADDRESS (If rural, give location) <b>0176</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lettie</b> b. (Middle) _____ c. (Last) <b>Jones</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 26 1955</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov 28 1876</b>
9. AGE (in years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Coloma, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13. FATHER'S NAME <b>John H Roosevelt</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ann Kibole</b>		14. NAME OF HUSBAND OR WIFE <b>Lee Jones</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) <b>NO</b> (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>Clayd L Jones</b> ADDRESS <b>Hale MO</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>8 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

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 **Nov 23 1955** to **Nov 28 1955**, that I last saw the deceased alive on **Nov 23 1955**, and that death occurred at **8:30 AM** from the causes and on the date stated above.

22a. SIGNATURE <b>Joseph A. Conrad M.D.</b> (Degree or title)	22b. ADDRESS <b>Chillicothe, MO</b>	22c. DATE SIGNED <b>Nov 30 55</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/28/55</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hale Cemetery</b>
23d. LOCATION (City, town, or county) (State) <b>Hale Missouri</b>		

DATE REC'D BY LOCAL REG. <b>Dec. 2, 1955</b>	REGISTRAR'S SIGNATURE <b>Mrs Rex Henderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clifford W. Austin</b> ADDRESS <b>Tina MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0170

**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.....

*Clifford W. R. Justice*

Licensed Embalmer No. 32

P. O. Address. *Tina, D.C.*

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.