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FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37492

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 370

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) <u>2603 St. Mary's Avenue</u> <u>0647</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Waldo</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-2-1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/20/1904</u>
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Filter Plant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Richard M. Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah J. Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Delphine Jones</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Delphine Jones, 2603 St. Mary's</u>

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, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>Hannibal, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myelogenous leukemia</u>		
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.			
			<u>2041</u>

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 11-18-55, 1955, to 12-2-55, 1955, that I last saw the deceased alive on 12-2-55, 1955, and that death occurred at 2:20P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>115 N. 5th St. Hannibal, Mo.</u>	23c. DATE SIGNED <u>12-6-55</u>
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24a. BURIAL: CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/5/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 6 1955</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	189-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Hannibal, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 10 1955
MARION CO. HEALTH DEPT.
DATE FILED DEC 10 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..... *H. M. O'Donnell*

Licensed Embalmer No.... 388

P. O. Address... Hannibal, ..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.