

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5741 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russell twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russell twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles N.W. New Cambria</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles N.W. New Cambria</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1955</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov. 2, 1870</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Russel twp. Macon Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Evan J. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Woodward</u>		14. NAME OF HUSBAND OR WIFE <u>No.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.A. Jones, New Cambria, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Massive Anasarca 4200</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>10-15 years</u>	
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19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>a</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) <u>10:30 P.M. 12-25-55</u>		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 Dec. 25, 1955, to Dec. 25, 1955, that I last saw the deceased alive on 10:30 P.M., 12-25-55, and that death occurred at 1:30 A.M., 12-26-55, from the causes and on the date stated above.

23a. SIGNATURE <u>William J. Freitas, D.O.</u> (Degree or title)		23b. ADDRESS <u>New Cambria Missouri</u>		23c. DATE SIGNED <u>12-26-55</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Dec 28, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Cambria Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>New Cambria Mo.</u>					

DATE REC'D BY LOCAL REG. <u>12/27/55</u>		REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.P. Silkeford New Cambria, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1. 3. 56
MACON COUNTY HEALTH DEPARTMENT
County File No. 19,55,203
Date Filed 1. 4. 56

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4019

P. O. Address New Cambria, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.