

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

192

State File No.

FILED JAN 23 1956

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 35

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|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY OR TOWN <u>Columbia</u> | | c. CITY OR TOWN <u>Columbia</u> | d. 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) <u>15 yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>408 West Walnut</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u> | | b. (Middle) <u>MAY</u> | |
| | | c. (Last) <u>JONES</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18, 1956</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Oct. 7, 1873</u> |
| 9. AGE (In years Last birthday) <u>82</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF OVER 1 YEAR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lowell, Michigan</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Stephen Tomlinson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mahaletth Anna Jones</u> | |
| | | 14. NAME OF HUSBAND OR WIFE <u>James Millon Jones</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | |
| | | 17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Jones, Columbia, Mo.</u> | |
| | | ADDRESS _____ | |

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|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spinal cord tumor</u> | | | | <u>24 hours</u> | |
| ANTECEDENT CAUSES | | DUE TO (b) _____ | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | 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) _____ | |
| 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 10-3, 1955, to 1-18, 1956, that I last saw the deceased alive on 1-18, 1956, and that death occurred at 1:10 P. m., from the causes and on the date stated above.

| | | | | | |
|--|--|---------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>R. Pederson MD</u> (Degree or title) | | 23b. ADDRESS <u>Columbia Mo</u> | | 23c. DATE SIGNED <u>1-19-56</u> | |
|--|--|---------------------------------|--|---------------------------------|--|

| | | | | | |
|---|--|--------------------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan. 21, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Red Top Cemetery</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri.</u> | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Jan. 20 1956</u> | | REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>310 Parker Funeral Service, Columbia Mo</u> | |
| | | | | ADDRESS _____ | |

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 413

P. O. Address Columbia

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.