S. No. 300
V. 10.48

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

FILED MAR 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5905

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5986 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swedeborg, Missouri
c. LENGTH OF STAY (In this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Swedeborg, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): None.

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3. NAME OF DECEASED (Type or Print)
a. (First): Amy
b. (Middle): Alice
c. (Last): Jones.

4. DATE OF DEATH (Month): 2 (Day): 20 (Year): 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: Jan. 16, 1880
9. AGE (In years last birthday): 76 — 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): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY: None.
11. BIRTHPLACE (City and State or Foreign Country): Iowa.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frederick Bish.
13b. MOTHER'S MAIDEN NAME: Prudence Stull.
14. NAME OF HUSBAND OR WIFE: Oscar Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. G.T. Hopkins — **ADDRESS**: St. Joseph, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

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: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* on 2/20, 19 56, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B Hedges County Coroner.
23b. ADDRESS: Richland, Missouri
23c. DATE SIGNED: 2/22/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/23/56
24c. NAME OF CEMETERY OR CREMATORY: OakLawn Cemetery
24d. LOCATION (City, town, or county) (State): Richland, Missouri

DATE REC'D BY LOCAL REG.: 2-22-56
REGISTRAR'S SIGNATURE: Eula Lee Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: B Hedges Richland Mo
Hedges Funeral Home Crocker, Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 2-25-56

File Number

Office

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence E. Moss

Licensed Embalmer No. 48

P. O. Address Waynesvil

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