

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17417

BIRTH NO.		REG. DIST. NO. 297	PRIMARY REG. DIST. NO. 4446	Registrar's No. 39
1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY RAY OF 90		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HARDIN /		c. LENGTH OF STAY (In this place) 37 yrs.	c. CITY OR TOWN HARDIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		e. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) MARY		a. (First) JANE	b. (Middle) JONES	c. (Last) JONES
4. DATE OF DEATH MAY 17, 1956		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH OCT. 23, 1876		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) TENNESSEE
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME DOCK MEADOR		13b. MOTHER'S MAIDEN NAME PEBBLE ?
14. NAME OF HUSBAND OR WIFE BAILEY JONES		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME LEE JONES		ADDRESS HARDIN, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO-Sclerosis DUE TO (c) CHRONIC MYOCARDITIS. 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH INST
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"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from MAY 16, 1956, to MAY 17, 1956, that I last saw the deceased alive on MAY 17, 1956, and that death occurred at 3 A M., from the causes and on the date stated above.				
23a. SIGNATURE E. E. Jay MD.		(Degree or title)		23b. ADDRESS Richmond, Mo.
23c. DATE SIGNED 5-18-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-19-56
24c. NAME OF CEMETERY OR CREMATORY HARDIN Cem.		24d. LOCATION (City, town, or county) HARDIN		(State) Mo.
DATE REC'D BY LOCAL REG. MAY 15 - 1956		REGISTRAR'S SIGNATURE Malcol Jackson		25. FUNERAL DIRECTOR'S SIGNATURE August Borcharding
				ADDRESS Hardin, Mo.

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..... *August Bouchard*

Licensed Embalmer No..... 467

P. O. Address..... *Harden, T*

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.