

FILED JUN 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

20901

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 270

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI		b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) 8 YRS		c. CITY OR TOWN CARTERVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL		e. STREET ADDRESS (If rural, give location) 601 EAST MAIN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MARGARETT	b. (Middle) MAE	c. (Last) JONES	(Month) JUNE	(Day) 16	(Year) 1956

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DECEMBER 2 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Hours 14	IF UNDER 1 HR. Min. 0
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) LINN COUNTY KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME LATHAM NELSON	13b. MOTHER'S MAIDEN NAME GAHAGAN	14. NAME OF HUSBAND OR WIFE ROBERT R. JONES (DECEASED)
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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.	17. INFORMANT'S SIGNATURE OR NAME NANCY O'BRYANT	ADDRESS CARTERVILLE MO
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis.		7 days.
	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. Auricular fibrillation.		7 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 332x
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 15, 19 55, to June 16 1956, that I last saw the deceased alive on June 15, 19 56, and that death occurred at 12:01A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. M. Ferguson M.D.	23b. ADDRESS Webb City, Missouri	23c. DATE SIGNED 6-16-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/19/1956	24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY	24d. LOCATION (City, town, or county) (State) WEBB CITY MO
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DATE REC'D BY LOCAL REG. 6-22-56	REGISTRAR'S SIGNATURE Dove Merriam	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME	ADDRESS WEBB CITY, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

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County File No. **56-6-576**
Date Filed **JUN 2 1958**

JUL 2 1958

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 *Richard Gray*.....
Licensed Embalmer No. *454*

P. O. Address *Webb*.....

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.