

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27738

State File No. ....

FILED AUG 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Maryville</b>		c. CITY OR TOWN <b>Maryville</b>	d. Is 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) <b>38 yrs.</b>		f. STREET ADDRESS (If rural, give location) <b>1321 East Second</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1321 East Second</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MATTIE</b>		b. (Middle) <b>DELINA</b>		c. (Last) <b>JONES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 16 56</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>3/22/79</b>		9. AGE (In years last birthday) <b>77</b> 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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Springfield Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Thomas B. Argo</b>		13b. MOTHER'S MAIDEN NAME <b>Simantha Humphrey</b>		14. NAME OF HUSBAND OR WIFE <b>Benjamin Franklin Jones, de</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Chester E. Jones, Maryville, Mo.</b>	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular pump</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis cerebral?</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Severe dementia</b>		DUE TO (c)	

19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>442X</b>		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 **Oct 10, 1956** Aug. 16, 1956, that I last saw the deceased alive on **8/11, 1956** and that death occurred at **5:55P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. H. Byland</b>		(Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Maryville, Missouri</b>		23c. DATE SIGNED <b>8/18/56</b>	
24. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8/18/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Miriam</b>		24d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>8-27-56</b>		REGISTRAR'S SIGNATURE <b>Bess Hobbs</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Clem M. Price*

Licensed Embalmer No. *1529*

P. O. Address *Manlyville*

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.