

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. **USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE**

FILED DEC 31 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **41304**

Registration District No. **382** Primary Registration District No. **5543** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution/Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) Booneboro Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Booneboro Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) OLLIE GENEVA JONES <i>First Middle Last</i>		4. DATE OF DEATH Dec. 21, 1956 <i>Month Day Year</i>	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 8, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 72
11. BIRTHPLACE (City and State or country) Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME "Doc" Reams		14. MOTHER'S MAIDEN NAME Not Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, and of what service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Lynn Jones Booneboro, Mo. <i>Name Address</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cardiac decompensation DUE TO (c) hypertensive cardiovascular disease	
19. INTERVAL BETWEEN ONSET AND DEATH 2 years		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> Natural		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none	
20c. TIME OF INJURY. 1954 Hour 12:25 A. Month Dec Day 16 Year 1956 a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Lee Hospital, Fayette, Mo	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 1954 to Dec 16, 1956 and last saw her alive on Dec 16, 1956 Death occurred at 12:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm J. Shaw, Jr M.D. <i>(Degree or title)</i>		22b. ADDRESS Lee Hospital, Fayette, Mo	
22c. DATE SIGNED 12-24-56		23. BURIAL, CREMATION, REMOVAL (Specify) Burial Dec. 23, 1956	
24. FUNERAL DIRECTOR Cuddeley-Fairmont		25. DATE RECD. BY LOCAL REG. 12-24-56	
26. REGISTRAR'S SIGNATURE Walker Cuddeley		27. NAME OF CEMETERY OR CREMATORY Rock Hill	
28. LOCATION (City, town, or county) Glasgow Mo		29. STATE MO	

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. T. Lanham....., Student Embalmer No. 5 working under my personal supervision..

Student Charles T. Lanham
Signature of Student Embalmer

Signed E. D. Trueman

Licensed Embalmer No. 39

P. O. Address Glasgow

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.