

hh,  
alfare  
olic  
vice

00  
56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1861

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 4277 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Law</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Verona, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Verona, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) OR HOSPITAL OR INSTITUTION <u>City of Verona</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>City</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Iola</u> Middle <u>Irene</u> Last <u>Jones</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>19</u> Year <u>1957</u>			
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 10-1875</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Marionville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joe Browning</u>				14. MOTHER'S MAIDEN NAME <u>Susan White</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Glen Jones</u> Address <u>Verona, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Exsanguination</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Ruptured Esophageal Varix and Hemorrhage</u> DUE TO (c) <u>Portal Cirrhosis of Unknown Cause</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Jan. 16</u> to <u>Jan. 19</u> and last saw her <u>alive</u> on <u>Jan. 19, '57</u> Death occurred at <u>1:10 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>F. Avery Watson, D.O.</u> <u>2</u>				22b. ADDRESS <u>Verona, Mo.</u>		22c. DATE SIGNED <u>1-24-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/22/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Springriver Cemetery</u>		23d. LOCATION (City, town, or county). (State) <u>Verona, Missouri.</u>		
24. FUNERAL DIRECTOR <u>O. L. Marsh Funeral Service, Aurora, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>1/29/57</u>		26. REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>	

(Licensed Embalmer's Statement on Reverse Side)

570

MAY 8 1957

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 Alfred, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Oscar L Marsh

Licensed Embalmer No. 581

P. O. Address Surona

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