

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11903**

FILED APR 9 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **6275** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> b. COUNTY <b>Taylor</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Smith TWP</b> ) c. LENGTH OF STAY (in this place) <b>1 week</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RConway</b> <b>8146</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>12 miles south of Mt. Ayr</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Anna</b>	b. (Middle) <b>(None)</b>	c. (Last) <b>Jones</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March, 18, 1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 20, 1877</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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>Housework</b>	11. BIRTHPLACE (State or foreign country) <b>P age Co. Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Richard Preston</b>	13b. MOTHER'S MAIDEN NAME <b>Armilda McVay</b>	14. NAME OF HUSBAND OR WIFE <b>Andrew Jones</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Leon Jones</b> ADDRESS <b>Lenora, Iowa</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Arteriosclerotic Cardiovascular Disease, Decompensated</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
	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. <b>Acute Bronchitis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **March 10, 1957** to **March 18, 1957**, that I last saw the deceased alive on **March 17, 1957**, and that death occurred at **9 a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank B. Matteson MD</b> (Degree or title)	23b. ADDRESS <b>Grant City, Missouri</b>	23c. DATE SIGNED <b>3-21-57</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/21/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Conway Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Conway Iowa</b>
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DATE REC'D BY LOCAL REG. <b>April 2-1957</b>	REGISTRAR'S SIGNATURE <b>Lola E. Dawson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John C. Stewart</b> ADDRESS <b>4422 Leon, Iowa</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4/12

424

**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 .....  
Student Embalmer

Signed

*John C. Stewart*

Licensed Embalmer No. 4422

P. O. Address

*Leon Iowa*

**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 this body is not embalmed, fact should be so stated above.