

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16443**

FILED JUN 3 1957

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4891</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fremont</u>		c. LENGTH OF STAY (in this place) <u>Mo.</u> ✓		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fremont Mo.</u> ✓		d. STREET ADDRESS (If rural, give location) <u>own home</u> 0180	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (Type or Print) <u>Marlene Kay Jones</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>May 21-57</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 15-1934</u>		9. AGE (In years last birthday) <u>22</u> # UNDER 1 YEAR Months Days # UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give street and door number if in city or town) <u>Home Health Aides</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carter Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Kenneth Anthony</u>			13b. MOTHER'S MAIDEN NAME <u>Lilian Keater</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Jones</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. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Jones Fremont Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Injuries</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Tosnato</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		9340 22		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>about home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fremont of Carter Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 21 1957 4:00 pm.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tosnato</u>		22. I hereby certify that I attended the deceased from <u>10:09 A.M.</u> , 19 <u>57</u> , that I last saw the deceased alive on _____, 19 <u>57</u> , and that death occurred at <u>4:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Druggist or title) <u>Clemens M. Jones</u>			23b. ADDRESS <u>Crossed Van Buren Mo</u>			23c. DATE SIGNED <u>5/27/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 25-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Upper Big Branch</u>		24d. LOCATION (City, town, or county) (State) <u>Carter Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 31-1957</u>		REGISTRAR'S SIGNATURE <u>Mrs Oita Benson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Lewitt van Buren</u>		ADDRESS <u>Mo</u>	

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

570
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RECEIVED

MAY 31 1957

CARTER COLLEGE
HEALTH CENTER

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 Seaton Perwith

Licensed Embalmer No. 2287

P. O. Address Van Buren Mo

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.