

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

25880  
STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 6074 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Desloge</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Desloge</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>206 N Grant</b>			Length of stay in lb <b>13 years</b>		d. STREET ADDRESS (If outside, give location) <b>206 N Grant</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>First Hester Middle Lydia Last Jones</b>			4. DATE OF DEATH <b>Month July Day 13 Year 1957</b>				
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug. 3, 1897</b>		9. AGE (In years last birthday) <b>59</b>	
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		11. BIRTHPLACE (City and state or country) <b>Crystal City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>William Edwards</b>				14. MOTHER'S MAIDEN NAME <b>James Ellen Etthington</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. <b>-----</b>		17. INFORMANT <b>William Jones, Desloge, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Large MI &amp; Mitral regurgitation</b> DUE TO (b) <b>atherosclerosis</b> DUE TO (c) <b>Coronary atherosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Diabetes mellitus - long - 260x</b>							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.) <b>↑</b>					
20c. TIME OF INJURY Hour a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>July 1955</b> to <b>July 13th 57</b> and last saw her <b>alive</b> on <b>7-12-57</b> Death occurred at <b>3:45 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>W. R. Rucke M.D.</b>				22b. ADDRESS <b>Desloge Mo</b>		22c. DATE SIGNED <b>7-13-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/15/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Herod Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Francois County, Mo</b>		
24. FUNERAL DIRECTOR <b>C.Z. BOYER &amp; SON</b>			ADDRESS <b>DESLOGE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>July 13, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

800-56

any other diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 13 1958

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 *J. T. Boyer* .....  
Licensed Embalmer No. *36*

P. O. Address *Perley*

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.