

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35451

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1015

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield <u>0396</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 914 W. Walnut		d. STREET ADDRESS 955 S. Fort.	
3. NAME OF DECEASED (Type or print) First Lillie Middle B. Last Jones		4. DATE OF DEATH Month Oct. Day 19 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 25, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Illinois
13a. FATHER'S NAME ---- Morris		13b. MOTHER'S MAIDEN NAME Martha Dodson	14. NAME OF HUSBAND OR WIFE Geo. W. Jones
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----	17. INFORMANT Address Dr. Carroll Jones-Springfield, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition and Debilitation.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinomatosis <u>153X</u>			
DUE TO (c) Primary carcinoma of sigmoid colon with widespread metastasis to abdominal viscera.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - widespread metastasis to abdominal viscera.			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <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>12/20/1955</u> to <u>10/19/1957</u> and last saw ^{her} _{him} alive on _____ Death occurred at <u>7:30 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Edward E. White</i>		22b. ADDRESS 700 E. Sunshine, Springfield, Mo.	
		22c. DATE SIGNED 10/21/	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-22-1957	
23c. NAME OF CEMETERY OR CREMATORY Humansville, Cemetery		23d. LOCATION (City, town, or county) (State) Humansville, Missouri	
24. FUNERAL DIRECTOR <i>Wm. J. ...</i>		25. DATE RECD. BY LOCAL REG. 10-22-57	
ADDRESS Springfield, Mo.		26. REGISTRAR'S SIGNATURE <i>Edith Williams</i>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

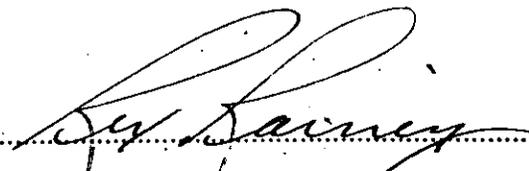
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

NOV 28 1951

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  _____

Licensed Embalmer No. 3312

P. O. Address Springfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.