

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **43162**

BIRTH NO. _____		REG. DIST. NO. <b>324</b>		PRIMARY REG. DIST. NO. <b>6093</b>		Registrar's No. <b>203</b>	
1. PLACE OF DEATH a. COUNTY <b>Saline County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Marshall, Rural, Marshall</b>		c. LENGTH OF STAY (in this place) <b>5 yrs.</b>		c. CITY OR TOWN <b>Marshall</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri State School, Marshall</b>				STREET ADDRESS (If rural, give location) <b>458 W. Washington</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thelma</b>		b. (Middle) <b>Kay</b>		c. (Last) <b>Jones</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 10, 1957</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Feb. 22, 1942</b>	
9. AGE (In years last birthday) <b>15 yrs.</b>		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Moberly, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Marvin Roscoe Jones</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Jane Oswald</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Missouri State School records, Marshall, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Asian influenza with acute bronchitis</b>				Interval <b>4 days</b>	
		DUE TO (c) <b>480X</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Epilepsy</b>				Interval <b>15 yrs.</b>	
		<b>Congenital arrested development</b>				Interval <b>15 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Feb.</b> , 19 <b>55</b> , to <b>Nov. 10</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>Nov. 10</b> , 19 <b>57</b> , and that death occurred at <b>7:05 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Carl H. Lead</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Marshall, Missouri</b>		23c. DATE SIGNED <b>11/11/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>11-11-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall Mo</b>	
DATE REC'D BY LOCAL REG. <b>11-11-57</b>		REGISTRAR'S SIGNATURE <b>Carl H. Lead</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Harry Hersberger Marshall Mo</b>			

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

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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..... *Harry Herschberger*

Licensed Embalmer No. *4357*

P. O. Address *Marshall M*

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.