

FILED MAY 14 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014804  
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 77

S. 300

1-57

32

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Laclede</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lebanon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>888 W 2nd St</u>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>888 W. Second St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Sarah Jane</u>		Middle <u>Jones</u>		Last <u>Jones</u>		Month <u>May</u> Day <u>6</u> Year <u>1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 15 1874</u>		9. AGE (In years) <u>83</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Dallas Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Silas Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Darnie</u>		14. NAME OF HUSBAND OR WIFE <u>David 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>None</u>		17. INFORMANT <u>Mrs Bessie Franklin Lebanon Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Senility</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arterial hypertension</u>							
DUE TO (c) <u>444X</u>						<u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).						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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		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>3/13/58</u> to <u>5/6/58</u> and last saw her alive on <u>5/2/58</u>		Death occurred at <u>1:30 A.M.</u> on the date stated above and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>F.H. Johnson</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Lebanon Mo</u>		22c. DATE SIGNED <u>5-7-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>5/8/58</u>		<u>New Hope Cemetery</u>		<u>Dallas Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Halman Lebanon, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5-7-1958</u>		26. REGISTRAR'S SIGNATURE <u>Hella L. Hoy</u>		

Received MAY 12 1958  
Laclede County Health Unit  
File No. 77  
Date Filed MAY 12 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 Dorsey M. Howe  
Licensed Embalmer No. 4222  
P. O. Address Lebanon,

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.