

MISSOURI DIVISION OF HEALTH AND WELFARE  
 DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003221

AMENDED

Registration District No. 390 Primary Registration District No. 4442 Registrar's No. 3228

STATE FILE NUMBER

FILED FEB 15 1962

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Higbee</u>		Length of stay in 1b	c. CITY OR TOWN <u>Higbee</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Margaret Ann Jones</u>			4. DATE OF DEATH <u>2-2-62</u>		
5. SEX <u>female</u>	6. COLOR OF RACE <u>white</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>11/29/76</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days

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>South Wales</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Daniel Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Edwards Isaac Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. James Dagg Higbee Mo</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs. James Dagg Higbee Mo</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Vascular accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 WORK <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>1955</u> to <u>2/2/62</u> and last saw her/him alive on <u>2/2/62</u> Death occurred at <u>0100 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Robert Hesser M.D.</u>	22b. ADDRESS <u>121 S Wms. Mohr</u>	22c. DATE SIGNED <u>2/3/62</u>
23a. METHOD OF CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/4/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Higbee City Cem.</u>
23d. LOCATION (City, town, or county) <u>Higbee Mo.</u>	24. REGISTRAR'S SIGNATURE <u>Charles Lowe</u>	25. DATE RECD. BY LOCAL REG. <u>2-4-62</u>
26. FUNERAL DIRECTOR <u>Marion E. Milkin</u>	ADDRESS <u>Moher Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

FEB 19 1962

*[Faint handwritten text]*

**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 Marion E. Millison

Licensed Embalmer No. 3957

P. O. Address Moody, 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.

*20/1/2*  
*20/1/2*