

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28419**

FILED AUG 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5506 Registrar's No. 184

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clinton</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clinton</u>		d. STREET ADDRESS (If rural, give location) <u>Clinton Mo., Rt 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Mo., Rt 1</u>		d. STREET ADDRESS (If rural, give location) <u>Clinton Mo., Rt 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSIE</u>		b. (Middle) <u>ANN</u>	
		c. (Last) <u>JONES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 20 1953</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>June 1 1893</u>		9. AGE (In years last birthday) <u>60</u>	
		IF UNDER 1 YEAR: Months <u>2</u> Days <u>19</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 <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>William S 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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W S JONES CLINTON MO.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hr</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prolonged paralysis</u>		<u>2 hr</u>	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u>		<u>2 hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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) m.		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 <u>Jan 15, 1927</u> , to <u>8-20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-19</u> , 19 <u>53</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. Schalkers, M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>	
		23c. DATE SIGNED <u>8/21/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 22 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Windsor</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor Missouri</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Aug 21-53 Florence Adair</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred Wilkinson, Funeral Home, Clinton Mo.</u>	

2000-01-10

**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 .....  
Student Embalmer

Signed

*F. Lee Schaberg*

Licensed Embalmer No. 45130

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.