

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28806

State File No. 57

LEO AUG 26 1952

BIRTH NO.		REG. DIST. NO. 222		PRIMARY REG. DIST. NO. 5794		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Rural, Moreau		c. LENGTH OF STAY (In this place) 70yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Moreau 0689			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles S.E. Tipton				d. STREET ADDRESS (If rural, give location) 7 Miles S. E. Tipton			
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Alice		c. (Last) JONES STINSON		4. DATE OF DEATH (Month) (Day) (Year) August, 17, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 6, 1867		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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 Foreign Country) Morgan County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Riley Jones		13b. MOTHER'S MAIDEN NAME Jane Son		14. NAME OF HUSBAND OR WIFE Edmond Jones (dead)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Riley Jones Clarksburg, Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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) Moreau Moniteau Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Mo. 1860 to Aug. 17, 1952 , that I last saw the deceased alive on Aug. 17, 1952 , and that death occurred at 12:19 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE D. B. ...				23b. ADDRESS California, MO		23c. DATE SIGNED 8/18/52	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Aug. 20, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) 6 Miles S.E. Tipton, Mo		
DATE RECD BY LOCAL REG. 8/20/52		REGISTRAR'S SIGNATURE H. L. Papey		FUNERAL DIRECTOR'S SIGNATURE L. R. James		ADDRESS E. Richard Tipton Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

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

Jewell E. Richards

Licensed Embalmer No. *2466*

P. O. Address *Spitzer 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.