

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28806

State File No. 57

LED AUG 26 1952

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 5794 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Moreau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Moreau</u>	
c. LENGTH OF STAY (In this place) <u>70yrs</u>		d. STREET ADDRESS (If rural, give location) <u>7 Miles S. E. Tipton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Miles S.E. Tipton</u>		d. STREET ADDRESS (If rural, give location) <u>7 Miles S. E. Tipton</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Alice</u> c. (Last) <u>JONES STINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August, 17, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>February 6, 1867</u>
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County, Missouri</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>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Riley Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Son</u>	14. NAME OF HUSBAND OR WIFE <u>Edmond Jones (dead)</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'S SIGNATURE OR NAME ADDRESS <u>Riley Jones Clarksburg, Mo</u>
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) <u>Arteriosclerosis</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</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) <u>Moreau Moniteau Mo.</u>			
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 <u>Mo. 1860</u> to <u>Aug. 17, 1952</u> , that I last saw the deceased alive on <u>Aug. 17, 1952</u> , and that death occurred at <u>12:19 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. B. ...</u>		23b. ADDRESS <u>California, MO</u>	
23c. DATE SIGNED <u>8/18/52</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 20, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>6 Miles S.E. Tipton, Mo</u>	
DATE RECD BY LOCAL REG. <u>8/20/52</u>		REGISTRAR'S SIGNATURE <u>H. L. Papey</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>L. R. James</u>		ADDRESS <u>E. Richard Tipton Mo.</u>	

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

5680

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.