

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2524

State File No. ....

FILED JAN 18 1954

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST Francois</u>	
b. CITY OR TOWN <u>Rural St. Francois Twp</u>		c. CITY OR TOWN <u>Farmington</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RRI, Farmington</u>		e. STREET ADDRESS (If Rural, give location) <u>RR 1 0940</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u> b. (Middle) <u>Cordelia</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1954</u>		
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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>Dec. 6, 1868</u>		9. AGE (In years last birthday) <u>85</u>		10. YR UNDER 1 YEAR <u>1</u>		11. DAYS <u>2</u>		12. HOURS <u></u>		13. MIN. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francois Co. Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
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13a. FATHER'S NAME <u>Carroll White</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Mason</u>			14. NAME OF HUSBAND OR WIFE <u>W Jones</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Beno Jones, Farmington, Mo</u>				ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ca of bladder</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>	
		ANTECEDENT CAUSES <u>ca of urologues</u>									
		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
		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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?		
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22. I hereby certify that I attended the deceased from 12-3, 1952, to 1-8, 1954, that I last saw the deceased alive on 1-2, 1954, and that death occurred at 9:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George B. Williams M.D.</u>		23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>1-12-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-11-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>K-P Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>JAN. 12, 1954</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Fun'l Home, Farmington, Mo</u>		ADDRESS	
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(Licensed Emballer's Statement on Reverse Side)

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

5/11/11

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 *Paul H. Dwyer*

Licensed Embalmer No. *4172*

P. O. Address *Farmington*

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.