S. No. 300
EV. 10-48

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
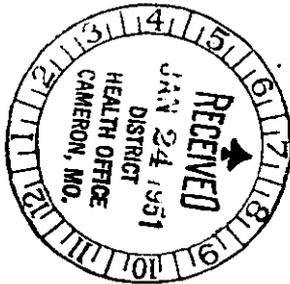## STANDARD CERTIFICATE OF DEATH

State File No.

694

0320
1

BIRTH NO. _____ REG. DIST. NO. 99 _____ PRIMARY REG. DIST. NO. 4170 _____ Registrar's No. 1

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. COUNTY DeKalb	a. STATE Missouri b. COUNTY DeKalb
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star c. LENGTH OF STAY (in this place) 21 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star 0320
d FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Lida	b. (Middle) Saunders	c. (Last) Jones	4. DATE OF DEATH (Month) Jan (Day) 9 (Year) 1951

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 3 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 4 Days 6	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Andrew Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME William Saunders	13b. MOTHER'S MAIDEN NAME Mamie Kinamin	14. NAME OF HUSBAND OR WIFE Geo Ernest Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ernest Jones ADDRESS Union Star Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arthritis Deformans	INTERVAL BETWEEN ONSET AND DEATH 4 yrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paralysis Agitans	
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	35 a X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Jan 9, 1951, that I last saw the deceased alive on Jan 8, 1951, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE E M Reynolds (Degree or title) MD C	23b. ADDRESS Union Star Mo	23c. DATE SIGNED 1-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan-11-51	24c. NAME OF CEMETERY OR CREMATORY Union Star	24d. LOCATION (City, town, or county) Union Star (State) Mo

DATE REC'D BY LOCAL REG. 1-11-51	REGISTRAR'S SIGNATURE Rosetta Davidson 82	25. FUNERAL DIRECTOR'S SIGNATURE Roland D Clark ADDRESS King City

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 24 1951 DISTRICT HEALTH OFFICE CAMERON, MO.

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 .....*Roland D. Clark*.....

Licensed Embalmer No. *4477*

P. O. Address *King City, 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.