

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

State File No. 23637

No. 300
10.48

JUL 28 1952

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bachelor</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile West of Montgomery by Me</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Finnette</u> b. (Middle) <u>JONES</u> c. (Last) <u>SIMPSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 21 52</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>December 15, 1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>	IF UNDER 12 mos. Hours <u>1</u> Mins. <u></u>
----------------------	-------------------------------	--	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
--	---	---	--

13a. FATHER'S NAME <u>Malcolm Ernest Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Annie B. Mayo</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased - Husband</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		<u>2 day</u>
	ANTECEDENT CAUSES: Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Adeno carcinoma of gall bladder</u>		<u>Unknown</u>	

19a. DATE OF OPERATION <u>7-9-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma gall bladder</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 6-30, 1952, to 7-21, 1952, that I last saw the deceased alive on 7-21, 1952, and that death occurred at 2:40 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard E. Johnson, M.D.</u>	23b. ADDRESS <u>Columbia, Mo</u>	23c. DATE SIGNED <u>7-21-52</u>
---	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Point</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery County Mo.</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>July 23 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	31	25. FUNERAL DIRECTOR'S SIGNATURE <u>Truman Mortuary Co., Mo.</u>	ADDRESS
---	---	----	---	---------

(Licensed Embellisher's Statement on Reverse Side)

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

SEP 23 1952

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 me & W

21st day of July 1952

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

C. S. King

Licensed Embalmer No. 1487

P. O. Address Montgomery City

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.