

No. 2  
1/45  
17-39

FILED FEB 3 1948

Registration District No. 157

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5694

State File No. 1720

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Rural Chillicothe Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4 miles southeast of Chillicothe  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community 4 years  
years, months or days

3. (a) PRINT FULL NAME Oliver Jones

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 11 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 8 5 hr. min.

9. Birthplace Oak Grove, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Lewis Jones

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ryan

15. Birthplace Oak Grove, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lewis Jones

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 1-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Jan-16-48 (b) Francis B. Neill  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles Southeast Chillicothe  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th  
year 1948 hour P.M. minute 10 A.M.

21. I hereby certify that I viewed the deceased from after death  
that I last saw him alive on 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature La. Med. Livingston County, Mo. (S. D. or other)

Address Chillicothe, Mo. Date signed Jan 16, 1948

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Estan Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, Missouri.....

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.