

FILED FEB 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 93

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>5068</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Barton</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sheldon Rural Doyleport 3 yrs</u>)		c. LENGTH OF STAY (to this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sheldon Rural Doyleport Twn</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>8 miles So. east of Sheldon</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irvin</u> b. (Middle) <u>Oscar</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>13</u> <u>49</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 18, 1875</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>25</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Marbletown, Ill. /</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Simeon Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Harcourt Bass</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>545-24-3288</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Jones</u> ADDRESS <u>Sheldon R.F. 1</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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. <u>4-201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 1/2 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) _____				
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? <u>0</u>				
22. I hereby certify that I attended the deceased from <u>12-12</u> , 19 <u>45</u> , to <u>1-5</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19 _____, and that death occurred at <u>8:30 am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>G. E. Duesett M.D.</u>				23b. ADDRESS <u>Lawyer Mo.</u>		23c. DATE SIGNED <u>Jan-21-1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. James Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sheldon, Barton Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JAN 22 1949</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Gerald Bunn</u> ADDRESS <u>Sheldon Mo.</u>				

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

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RECEIVED

District Health Officer No. 6;

District File Number 149-133

Date Filed 1-31-49

OCT 4 1949

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 L. Gerald Beeny

Licensed Embalmer No. 4203

P. O. Address Sheldon, 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.