

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4159

State File No. \_\_\_\_\_  
Registrar's No. 65

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Butler</b>	
b. CITY OR TOWN <b>Neely Township</b>		c. CITY OR TOWN <b>Neely Township</b>	
c. LENGTH OF STAY (In this place) <b>2</b>		d. STREET ADDRESS (If rural, give location) <b>Neelyville Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Neelyville Rural</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>	b. (Middle) <b>HENRY</b>	c. (Last) <b>JONES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 20 49</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>2 Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>8-19-1934</b>	9. AGE (In years last birthday) <b>17</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 24 HRS. Days <b>3</b> Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Yononga Ark</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Robert Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Mammie Bilboe</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Robert Jones</b>	ADDRESS <b>Neelyville</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Basia Fracture Skull</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>C82 22</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Butler County Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) <b>2/20-1949</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car run off highway with truck</b>
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22. I hereby certify that I attended the deceased from 2, 1949, to 2, 1949, that I last saw the deceased alive on 2, 1949, and that death occurred at 2 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Cover we see Governor Poplar</b>	23b. ADDRESS <b>Bluffton</b>	23c. DATE SIGNED <b>2/21-49</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-21-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Horvieu Mo</b>
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DATE REC'D BY LOCAL REG. <b>2/21/49</b>	REGISTRAR'S SIGNATURE <b>G. J. Munnick</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rev. J.P. Ross</b>	ADDRESS <b>Superior</b>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

12

RECEIVED

District Health Office No. 2,

District File Number 249-516

Date Filed 3-28-49

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John M. Davies*

Licensed Embalmer No. 4620

P. O. Address Poplar Bluff, 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.