

FILED APR 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 8066

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 2000 Registrar's No. 2709

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>8 months</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trotter Rest Home</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clever</b>	
		d. STREET ADDRESS (If rural, give location) <b>none</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Alexander</b> c. (Last) <b>Jones</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 24 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Whiet</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>1-24-1866</b>		9. AGE (in years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
11. BIRTHPLACE (State or foreign country) <b>Dekalb County Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <b>Thomas W. Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Walker</b>		14. NAME OF HUSBAND OR WIFE <b>Delia Cantrell, Jones</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William R. Jones</b>	
				ADDRESS <b>Aurora, Mo.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage, Left Internal Capsule</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</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) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) <b>No</b>		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? <b>✓</b>			

22. I hereby certify that I attended the deceased from March 22, 1949, to March 24, 1949, that I last saw the deceased alive on March 23, 1949, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>D. B. Buckstold, M.D.</b>		(Degree or title)		23b. ADDRESS <b>1630N Jefferson Springfield Mo</b>		23c. DATE SIGNED <b>Mar 24 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-27-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Delaware</b>		24d. LOCATION (City, town, or county) (State) <b>Christian Co., Missouri</b>	

DATE REC'D BY LOCAL REG. <b>3/26/49</b>		REGISTRAR'S SIGNATURE <b>W. H. Handley M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John Dean Harris</b>		ADDRESS <b>Clever, Mo.</b>	
--	--	--	--	---	--	-------------------------------	--

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

39  
2  
p

---

---

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 Dean Harris*

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.