

FILED MAR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11185**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **45**

1. PLACE OF DEATH
a. COUNTY **Scott**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Scott**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sikeston** c. LENGTH OF STAY (If in this place) **28 Years**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sikeston**

d. FULL NAME OF HOSPITAL OR INSTITUTION **203 N. Kingshighway**

d. STREET ADDRESS (If rural, give location) **203 N. Kingshighway**

3. NAME OF DECEASED
a. (First) **Clarence** b. (Middle) **D** c. (Last) **Jones**

4. DATE OF DEATH (Month) (Day) (Year)
March 17 1949

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **W**

8. DATE OF BIRTH **May 2/71**

9. AGE (In years last birthday) **77**
IF UNDER 1 YEAR: Month **11** Day **16**
IF UNDER 48 HRS. Hours **11** Min. **16**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY **Farmer**

11. BIRTHPLACE (State or foreign country) **Berkley Ky**

12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **Leroy Houston Jones**

13b. MOTHER'S MAIDEN NAME **Alice Hutoka Trevathan**

14. NAME OF HUSBAND OR WIFE **Emma Jones**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Harry Jones Sikeston Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary occlusion (acute)**
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.

INTERVAL BETWEEN ONSET AND DEATH
3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/13**, 1949, to **3/17**, 1949, that I last saw the deceased alive on **3/17**, 1949, and that death occurred at **9:30 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Wm. C. Citchelaw M.D.**

23b. ADDRESS **Sikeston, Mo**

23c. DATE SIGNED **3/22/49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **MAR/19/49**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park**

24d. LOCATION (City, town, or county) (State) **Sikeston, Mo**

DATE REC'D BY LOCAL REG. **March 25-1949** REGISTRAR'S SIGNATURE **Wm. F. Henry**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **John C. C. Sikeston, Mo**

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

RECEIVED

District Health Office No. 2,

District File Number 349-422

Date Filed 3-28-49

APR 1 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.

Signed John Alcutt

Signed _____
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address Lefferton

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.