No. 300
10-48

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12228

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5556 Registrar's No. 41

46 0 0 1

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain View
c. LENGTH OF STAY (In this place) 91 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R. Galloway Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain View
d. STREET ADDRESS (If rural, give location) R. Galloway

46 0 0 0

3. NAME OF DECEASED (Type or Print)
a. (First) Gilroy
b. (Middle) Seabird
c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year) 3-30-49

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 26-1857
9. AGE (In years last birthday) 91 — If under 1 year: Months 10 Days 4 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Willow Springs, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ezekial Jones
13b. MOTHER'S MAIDEN NAME Mary Bristoe
14. NAME OF HUSBAND OR WIFE Florence Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Bristoe Jones **ADDRESS** Mtn View, 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) Myocardial degeneration

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Renal failure

DUE TO (c) 4 days

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* None

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
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* 5 Jan, 1941, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE James R. Shaffer (Degree or title) DO
23b. ADDRESS 2 Mountain View Mo.
23c. DATE SIGNED 4/5/49.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 1-49
24c. NAME OF CEMETERY OR CREMATORY Chapel Hill
24d. LOCATION (City, town, or county) Mountain View, Mo. (State)

DATE REC'D BY LOCAL REG. 4/6/49
REGISTRAR'S SIGNATURE Laura Mitchell
25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home **ADDRESS** Mtn View, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 5,
District File Number 449274
Date Filed 4-12-49

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 Joe R. Duncan

Signed ..... Student Embalmer

Licensed Embalmer No. 4325

P. O. Address Milan View Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.