S. No. 800
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FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13028

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 156

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brookfield
c. LENGTH OF STAY (in this place) 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McFarney Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Cambria
d. STREET ADDRESS (If rural, give location) no.

3. NAME OF DECEASED (Type or Print) a. (First) FREDRICK JOHN b. (Middle) c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year) April 2 1949

5. SEX M
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb 23 1879
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR: Months 1 Days 9 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) New Cambria Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME William T Jones
13b. MOTHER'S MAIDEN NAME Margaret Havard
14. NAME OF HUSBAND OR WIFE Nellie Rector 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. 487-18-9197
17. INFORMANT'S SIGNATURE OR NAME Frederick Jones, Jr. ADDRESS New Cambria, 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 insufficiency. — INTERVAL BETWEEN ONSET AND DEATH 4 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis 1945
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

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* 8-10, 1948, *to* 4-2, 1949, *that I last saw the deceased alive on* 4-2, 1949, *and that death occurred at* 1:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Erwin T. Olson M.D.
23b. ADDRESS Brookfield Mo.
23c. DATE SIGNED 4-2-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 4, 1949
24c. NAME OF CEMETERY OR CREMATORY New Cambria Cemetary
24d. LOCATION (City, town, or county) (State) New Cambria Mo.

DATE REC'D BY LOCAL REG. April 5, 1949
REGISTRAR'S SIGNATURE W. B. Erwin 167
25. FUNERAL DIRECTOR'S SIGNATURE H. J. Gillelan ADDRESS New Cambria Mo.

*(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 H. J. Gilliland

Signed _____
Student Embalmer

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.