No. 300
10-48

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

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

13258
State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4384 Registrar's No. 93

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**1. PLACE OF DEATH**
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Skidmore
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Skidmore
d. STREET ADDRESS (If rural, give location): none

**3. NAME OF DECEASED** (Type or Print)
a. (First): GEORGE
b. (Middle): W.
c. (Last): JONES

**4. DATE OF DEATH** (Month) 3 (Day) 29 (Year) 49

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: 9/1/67
**9. AGE** (In years last birthday): 81 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer - retired
**10b. KIND OF BUSINESS OR INDUSTRY**: farming
**11. BIRTHPLACE** (State or foreign country): Ross Co., Ohio
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: William Jones
**13b. MOTHER'S MAIDEN NAME**: Elinour Taylor
**14. NAME OF HUSBAND OR WIFE**: Ida Russnogle Jones, dec

**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.**: none
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Miss Edith Jones, Skidmore, 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) Hypo Static Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiac decompensation — 3-5 yrs.
DUE TO (c) Rheumatic Heart Disease — unknown

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Hypertrophic Arthritis — 15-20 yrs.

**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) Skidmore (COUNTY) (STATE) Mo
**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* Oct, 1947, *to* March 29, 1949, *that I last saw the deceased alive on* Mar 29, 1949, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: A. A. Walker (Degree or title) D. O.
**23b. ADDRESS**: Skidmore, Missouri
**23c. DATE SIGNED**: 4-1-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 4/1/49
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Hill
**24d. LOCATION** (City, town, or county) (State): Maryville, Missouri

**DATE REC'D BY LOCAL REG.**: 4-9-49
**REGISTRAR'S SIGNATURE**: Beso Hall
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: John W. Price Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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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 ROBERT L. SOUTER, Student Embalmer No. 309, working under my personal supervision.

Student Robert L. Souter
Student Embalmer

Signed John W. Price
Licensed Embalmer No. 4281
P. O. Address Maryville 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.