

FILED MAY 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14835

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashland</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>Walter</u>	c. (Last) <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>May 7 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 11 1881</u>	9. AGE (In years) (Last birthday) <u>67</u>	10. UNDER 1 YEAR <u>4</u> Months	11. UNDER 2 HRS. <u>26</u> Days	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Greenberry Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Nichols</u>	14. NAME OF HUSBAND OR WIFE <u>Mattie Jones</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>778</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Jones</u>	ADDRESS <u>Ashland Mo</u>
---	------------------------------------	---	---------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Common Hall duct Stone</u>		<u>2 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis (Heart block)</u>		<u>2 yrs</u>
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 <u>4-25-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Two large stone common Hall duct Stone</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	--	--

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1949, to May 7, 1949 that I last saw the deceased alive on May 7, 1949, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Edwin Schmitt</u>	23b. ADDRESS <u>Ne. 5th Ashland Mo</u>	23c. DATE SIGNED <u>5-8-49</u>
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-8-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemt</u>	24d. LOCATION (City, town, or county) (State) <u>Ashland Mo</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>May 10 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	31	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Burnett</u>	ADDRESS <u>Ashland Mo</u>
---	--	----	--	---------------------------

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

10
2
4

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
MAY 18 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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *W. E. Burnett*

Licensed Embalmer No. *3564*

P. O. Address *Oakland, N.C.*

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.