

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19237

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5468 Registrar's No. 501-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Lawrence</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Taylor Township</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>James River</u>			d. STREET ADDRESS (If rural, give location) <u>X</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>L.</u> c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 14, 1934</u>	9. AGE (In years last birthday) <u>15</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	11. BIRTHPLACE (State or foreign country) <u>Independence, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Andy Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Andy Jones Aurora, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fatal Syncope</u> ANTECEDENT CAUSES DUE TO (b) <u>exposure and overexertion while in river</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>deceased apparently fell into deep hole and (a) was caused in attempting to get out. Body in river 4-5 days</u>		
19a. DATE OF OPERATION <u>none</u>			19b. MAJOR FINDINGS OF OPERATION _____		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>river</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Taylor Twp Greene Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 5 1949 approx 3pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>39</u>	
22. I hereby certify that I attended the deceased from _____, 19____, 19____, that I last saw the deceased <u>dead 6/9</u> , 1949, and that death occurred at <u>approx 3pm</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Richard L. Jones Coroner</u>			23b. ADDRESS <u>Mo. Woodruff Bldg, Springfield</u>		23c. DATE SIGNED <u>6/12/49</u>
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/10/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Aurora Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>
DATE REC'D BY LOCAL REG. <u>6-17-49</u>		REGISTRAR'S SIGNATURE <u>W.S. Standley md</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. Lohmeyer Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

This body not embalmed.

P. O. Address _____

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.