

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20212

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 78

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>MACON 1.1</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MACON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>	
c. LENGTH OF STAY (in this place) <u>17 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>310 Douglas St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 Douglas St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Shadrach</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 2, 1865</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR (Months) (Days)	11. UNDER 18 MOS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mining</u>		11. BIRTHPLACE (State or foreign country) <u>Callao, Mo. ( )</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>George M. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie Ann Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Annie C Jones</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Elsie Jones</u> ADDRESS <u>Macon, Mo.</u>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe Arteriosclerosis with hypertension</u>			5 or more yrs
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1949 to May 30, 1949 that I last saw the deceased alive on May 30, 1949, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. O. Brown</u> (Degree or title)	23b. ADDRESS <u>Macon MO</u>	23c. DATE SIGNED <u>6-23-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Oakwood</u>	24d. LOCATION (City, town, or county) (State) <u>Bevier Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-5-49</u>	REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u> 185	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Skumel</u>	ADDRESS <u>Macon</u>
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RECEIVED  
District Health Officer No  
District File Number 7-49-11  
Date Filed JUL 1 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 \_\_\_\_\_  
\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert Skinner  
Licensed Embalmer No. 75-1  
P. O. Address Macon 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.