

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29007

State File No.

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Shelbina		c. CITY (If outside corporate limits, write RURAL and give township) Shelbina	
c. LENGTH OF STAY (in this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----			

3. NAME OF DECEASED (Type or Print) George Baylus Jones			4. DATE OF DEATH August 10, 1949		
a. (First)		b. (Middle)	c. (Last)		d. (Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 13, 1881		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 6 WKS. Hours 0 Min. 0
--------------------	-------------------------------	---	--	--	---	--	---	--

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

13a. FATHER'S NAME John Marshal Jones		13b. MOTHER'S MAIDEN NAME Anne Bell Clay		14. NAME OF HUSBAND OR WIFE Bessie Ethel Jones	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Louis Hawkins ADDRESS -----			
---	--------------------------------------	--	--	--	--

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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyper-tension - Cardio-sclerosis Arterio-sclerosis & acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) -----			INTERVAL BETWEEN ONSET AND DEATH not known
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			443X

19a. DATE OF OPERATION -----	19b. MAJOR FINDINGS OF OPERATION -----		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) -----	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 20, 1949, to Aug. 10, 1949, that I last saw the deceased alive on April 27, 1949, and that death occurred at 4 A. M., from the causes and on the date stated above.

23a. SIGNATURE L. B. Gerschlager, M.D. (Degree or title)		23b. ADDRESS Shelbina, Mo		23c. DATE SIGNED 8-12-49	
---	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 12, '49	24c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery	24d. LOCATION (City, town, or county) (State) Shelbina, Missouri		
---	-------------------------------	---	---	--	--

DATE REC'D BY LOCAL REG. Aug 17-49	REGISTRAR'S SIGNATURE Ada Garrison		419	25. FUNERAL DIRECTOR'S SIGNATURE E. Z... ADDRESS Shelbina, Mo	
---	---	--	-----	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300
v. 10-48
1077

RECEIVED AUG 22 1949
District Health Officer No. 10
District File Number 8-49-14
Date Filed AUG 22 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.

Signed Paul E. Hayes

Signed _____
Student Embalmer

Licensed Embalmer No. 4461

P. O. Address Shallons, 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.