

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1949

State File No. 29440

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

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5150 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton Twp. Rur 7842</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton Twp. Rural 7842</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi West of Hamilton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) _____ c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 25 1949</u>		
--	--	--	---	--	--

5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>June 10, 1867</u>		9. AGE (In years last birthday) Months Days Hours Mins. <u>82 1 15</u>	
--------------------	--	-------------------------------	--	--	--	--	--	---	--

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10a. KIND OF BUSINESS OR INDUSTRY <u>Stock Raising</u>		11. BIRTHPLACE (State or foreign country) <u>Bohler Co. N.Y.</u>		12. CITIZENSHIP AT DEATH <u>U.S.A.</u>	
---	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>William Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Manuel</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Jones</u>	
---	--	---	--	---	--

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>Whitney Jones</u> ADDRESS <u>Lees Summit, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility - pernicious anemia</u>				INTVAL BETWEEN ONSET OF DEATH <u>2900</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>2900</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)			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 MAR. 15 1949, to SEPT 24 1949, that I last saw the deceased alive on SEPT 24 1949, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. R. Elster D.O.</u>		23b. ADDRESS <u>Hamilton, Mo.</u>		23c. DATE SIGNED <u>Sep 26 1949</u>	
---	--	-----------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 26 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo</u>	
---	--	-------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL HEALTH DEPT. <u>Sept 26 1949</u>		REGISTRAR'S SIGNATURE <u>Gladya Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. ...</u> ADDRESS <u>Hamilton Mo.</u>	
--	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

DEC 9 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.

Signed Dale A. Oldfield

Signed
Student Embalmer

Licensed Embalmer No. 4572

P. O. Address Hamilton, 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.