

FILED NOV 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33355

State File No. ....

26  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (In this place) <u>10yrs</u>		d. STREET ADDRESS (If rural, give location) <u>10 River Lane Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 River Lane Drive</u>		d. STREET ADDRESS (If rural, give location) <u>10 River Lane Drive</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>David Samuel</u> b. (Middle) <u>Jones</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 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>Oct. 20 1887</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>17</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	11. BIRTHPLACE (State or foreign country) <u>Tebbetts, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Frank O. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Ewens</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Jones</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>494-03-8212</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Jones Jefferson City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Left Kidney</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastases of (a) to</u> DUE TO (c) <u>Lungs &amp; Brain</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs</u>		3 mos	
19a. DATE OF OPERATION <u>12-2-47</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, Left Kidney</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 <u>9-23</u> , 19 <u>47</u> , to <u>11-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-7</u> , 19 <u>49</u> , and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. M. Wiley, M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>11-8-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Tebbetts, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov. 8-1949</u>	REGISTRAR'S SIGNATURE <u>R. P. Dorrie MD - MR. O</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Beacher Jefferson City Mo</u>	

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

NOV 15 1949

NOV 22 1949

District File Number

District Health Officer No. 9

RECEIVED NOV 9 1949

DEC 3 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. 315

working under my personal supervision.

Student Bill Branson Student Embalmer

Signed Victor Brescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.