

No. 300
10-48

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33696
Registrar's No. 30

4300
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>5521</u>		Registrar's No. <u>30</u>		
1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermitage Center</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Center Township</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi east</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi east</u>				
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Sterling</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 8-1949</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>July 27-1878</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Almond, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>William Allen Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Mahinda Zasaanka</u>			14. NAME OF HUSBAND OR WIFE <u>Lela Ruth Jones</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Lela Ruth Jones - Hermitage Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION								
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>Bronchopneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>apoplexy</u>						<u>3 weeks</u>
		DUE TO (c) <u>Staphylococcal infection</u>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>								
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 <u>Jan 15, 1947</u> , to <u>Oct 7, 1949</u> , that I last saw the deceased alive on <u>Oct 7, 1949</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr. E. Bergs, D.O.</u> (Degree or title)				23b. ADDRESS <u>Wheatland, Mo.</u>		23c. DATE SIGNED <u>10-12-49</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 10-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McCAIN Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Almond, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Oct 12-1949</u>		REGISTRAR'S SIGNATURE <u>W. P. Hargiss</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Kathaway - Wheatland Mo</u>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7;

District File Number 9.49-1244

Date Filed 10-18-29

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 Chas. Albert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheaton, Md.

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.