

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37911

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <i>McDonald</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>Newtown</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pineville</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Neosho</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>None</i>		d. STREET ADDRESS (If rural, give location) <i>34</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>JAMES-</i> b. (Middle) <i>ALLEN-</i> c. (Last) <i>JONES</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>9-28-49</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>N-M</i>	8. DATE OF BIRTH <i>July 25 1945</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years last birthday) <i>4 2 8</i>
11. BIRTHPLACE (State or foreign country) <i>Newtown, Mo.</i>		12. CITIZENSHIP WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>W. L. Jones</i>		13b. MOTHER'S MAIDEN NAME <i>Loles Long</i>	
14. NAME OF HUSBAND OR WIFE <i>Single</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>✓</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>W. L. Jones, Neosho, Mo.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Internal Injuries</i>			<i>4 1/2</i>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Collapsed Chest</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>25</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Pineville McDonald Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>9/28/49 - 3:30 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>Automobile backed over him</i>			
22. I hereby certify that I attended the deceased from <i>9/28</i> , 19 <i>49</i> , to <i>9/28</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>9/28</i> , 19 <i>49</i> , and that death occurred at <i>4:00 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Dr. W. L. Jones</i>		23b. ADDRESS <i>Pineville, Mo.</i>	
23c. DATE SIGNED <i>10/17/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10-1-49</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Pineville Burial</i>		24d. LOCATION (City, town, or county) (State) <i>Pineville, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>10-28-49</i>		REGISTRAR'S SIGNATURE <i>Wayne Humphrey</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>R. M. Humphrey</i>		ADDRESS <i>Pineville</i>	

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

RECEIVED NOV 14 1949

District Health Office No. 6,

District File Number 1149-1143

Date Filed 11-14-49

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 _____

Licensed Embalmer No. #470

P. O. Address Noel, 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.