

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40351

State File No.

BIRTH NO. 78810-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5140 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> <u>12</u>	
b. CITY OR TOWN <u>Rural- Epps Twp</u> c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Rural-</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1 /</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronald</u> b. (Middle) <u>G.</u> c. (Last) <u>Sones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>Oct. 16, 1949</u>		9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>14</u> Days <u>14</u>		10. IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Clarence Sones</u>		13b. MOTHER'S MAIDEN NAME <u>Della Sims</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Sones - Oulin</u> ADDRESS <u>Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490A</u>	
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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) 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 3, 1949, to 30, 1949, that I last saw the deceased alive on 30, 1949, and that death occurred at 3 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Grova W. Pease Gomer</u>		23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>1/3-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 31, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mole Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Broseley, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>Jan 7-1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Andrew Funeral Home-Campbell, Mo.</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

150-14
JAN 9 RECD

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.....

Not Embalmed

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.