

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40368**

FILED JAN 5 1950

BIRTH NO. _____ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **5150** Registrar's No. **56**

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

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hamilton Twp Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hamilton Twp Rural	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION on Robt Jones farm 1		d. STREET ADDRESS (If rural, give location) No Street Address	
3. NAME OF DECEASED a. (First) Leonard b. (Middle) Jones c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) Dec 19, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 27 1891
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY Stock Raising	
10a. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY USA	
11a. FATHER'S NAME William Jones		11b. MOTHER'S MAIDEN NAME Elizabeth Davis	
11c. NAME OF HUSBAND OR WIFE Alberte Jones		13. SOCIAL SECURITY NO. 496-05-2630	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME Owen Jones ADDRESS Hamilton Mo	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
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) HAMILTON Caldwell Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 APRIL 2, 1949 , to Dec 19, 1949 , that I last saw the deceased alive on Dec 18, 1949 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank R. Daley M.D.		23b. ADDRESS Hamilton Mo	
23c. DATE SIGNED 12-21-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 22 1949	
24c. NAME OF CEMETERY OR CREMATORY M^{rs} Daniel Cam. Cameron		24d. LOCATION (City, town, or county) (State) Hamilton Mo	
DATE REC'D BY LOCAL REG. Dec 22 1949		REGISTRAR'S SIGNATURE Gladys Jones	
25. FUNERAL DIRECTOR'S SIGNATURE Grace Funeral Home		ADDRESS Hamilton Mo	

DEC 31 REC'D

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *R. A. Brann*

Licensed Embalmer No. *3057*

P. O. Address *Jacksonville, 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.