

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43585**  
Registrar's No. **48**

FILED JAN 4 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **6285**

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mtn Grove, Missouri</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Rural Rt. 3 Mtn Grove, Mo</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Route Three</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WESLEY</b>	b. (Middle) <b>E.</b>	c. (Last) <b>JONES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 28 49</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>April 14, 1886</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Mtn Grove, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Samuel Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Carolyn Davis</b>	14. NAME OF HUSBAND OR WIFE <b>Campy E. Jones deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Stella McIntosh</b> ADDRESS <b>Norwood, Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>Not known</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, Chronic</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4/22?</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **15 Nov**, 19**49**, to **28 Nov**, 19**49**, that I last saw the deceased alive on **15 Nov**, 19**49**, and that death occurred at **3:00 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Mountain View Mo.</b>	23c. DATE SIGNED <b>2 Dec 1949</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Dec 3, 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Thomas Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Norwood, Missouri</b>
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DATE REC'D BY LOCAL REG <b>12-17-49</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>[Address]</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 20 1949  
District Health Office No. 6,  
District File Number 1249-1397  
Date Filed ~~12-13-49~~ 12-28-49

DEC 28 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. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Russell Barber*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

3848

P. O. Address \_\_\_\_\_

*Mtn. Grove, Ill.*

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.