

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1896
19
Registrar's No.

BIRTH NO. 2997-50		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (in this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		d. STREET ADDRESS (If rural, give location) 312½ West Fifth	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) STEPHEN b. (Middle) WESLEY c. (Last) JONES			4. DATE OF DEATH		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married		8. DATE OF BIRTH 1/17/50	
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR 0 Months		IF UNDER 1 YEAR 4 Days		IF UNDER 18 HRS. 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Maryville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ellis W. Jones, Jr.		13b. MOTHER'S MAIDEN NAME Betty Chadwick		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ellis W. Jones, Jr., Maryville, 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) <i>Surgeon's certificate</i> ANTECEDENT CAUSES <i>Pneumonia thromb</i> 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.				INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2 days</i> <i>7620</i>	
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)		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 <i>Jan. 17, 1950</i> to <i>Jan. 21, 1950</i> , that I last saw the deceased alive on <i>1/21, 1950</i> , and that death occurred at <i>3:00A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>E. T. Byland</i> M. D.				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 1-22-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE 1/21/50		24c. NAME OF CEMETERY OR CREMATORY Miriam		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
DATE REC'D BY LOCAL REG. 1-28-50		REGISTRAR'S SIGNATURE <i>Bess Holt</i> 229		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Price Funeral Home</i> Maryville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-480742
0



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clayton M. Price

Licensed Embalmer No. 1822

P. O. Address Manlyville, 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.