

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2050

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Louisiana	
c. LENGTH OF STAY (to this place) 57 Years		d. STREET ADDRESS (If rural, give location) 914 Tennessee	
d. FULL NAME OF HOSPITAL OR INSTITUTION 914 Tennessee			

3. NAME OF DECEASED (Type or Print)	a. (First) A.	b. (Middle) G.	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 27, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0	IF UNDER 4 HRS. Days 26	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Clothing	11. BIRTHPLACE (State or foreign country) Gregory, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Leonard C. Jones	13b. MOTHER'S MAIDEN NAME Kitty Gregory	14. NAME OF HUSBAND OR WIFE Leta Graves Jones
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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. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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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 8 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block Complete		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY OCCLUSION 18 mo ago 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"/>
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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) m.	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 4-1, 1947, to 1-23, 1950, that I last saw the deceased alive on 1-23, 1950, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] MD	23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 1/25/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/25/50	24c. NAME OF CEMETERY OR CREMATORY Forest Grove Cem.	24d. LOCATION (City, town, or county) (State) Canton, Missouri
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DATE REC'D BY LOCAL REG. 1/25/50	REGISTRAR'S SIGNATURE 374 Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George O. Magnien, Canton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 6 1950
District Health Officer No
District File Number 2-570
Date Filed FEB 6 1950

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
Student Embalmer

Student Embalmer No.

Signed *George O. Hagner*

Licensed Embalmer No. *3773*

P. O. Address *Louisiana, 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.