

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3861
Registrar's No. 45

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006

1. PLACE OF DEATH
a. COUNTY BOONE
b. CITY OR TOWN COLUMBIA
c. LENGTH OF STAY (in this place) 40 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hospit

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD
d. STREET ADDRESS (If rural, give location) 834 WEST KEARNEY

3. NAME OF DECEASED
a. (First) CLARENCE
b. (Middle) EDWARD
c. (Last) JONES
4. DATE OF DEATH (Month) (Day) (Year) 2-6-50

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH 7-3-32
9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 17 8 3 - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIS JONES
13b. MOTHER'S MAIDEN NAME ARTIE JONES
14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS
ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute lymphatic leukemia
ANTECEDENT CAUSES _____
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. _____

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

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) (Min.) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 28 Dec., 1949, to 6 Feb., 1950, that I last saw the deceased alive on 5 Feb., 1950, and that death occurred at 6:55 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jerry H. Allen, MD.
23b. ADDRESS Ellis Fischel State Cancer Hosp.
23c. DATE SIGNED 2/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 6 Feb 1950
24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery
24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. Feb 9 1950
REGISTRAR'S SIGNATURE Mrs. R. E. Palmer
25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Thieme
ADDRESS Springfield, Mo.

2104
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number _____
District Health Officer No. 9
RECEIVED FEB 16 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Ralph H. Thiem*

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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.