

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4117

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 53 **PRIMARY REG. DIST. NO.** 3010 **Registrar's No.** 31

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cape Girardeau</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smeltonville Suburb</u>		d. STREET ADDRESS (If rural, give location) <u>Smeltonville Suburb</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Tony</u> b. (Middle) <u>Lee</u> c. (Last) <u>Jones</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 6, 1950</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>(ba by)</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 7, 1948</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Cape Girardeau, Missouri</u>
<b>13a. FATHER'S NAME</b> <u>Harold Jones</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lucille Brewer</u>	<b>14. NAME OF HUSBAND OR WIFE</b> _____
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Lucille Jones, Cape Girardeau, Mo.</u> <b>ADDRESS</b> _____
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Gasrud Enteric acute</u> <b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Feb 5, 1950</u> , to <u>Feb 6, 1950</u> , that I last saw the deceased alive on <u>Feb 6, 1950</u> , and that death occurred at <u>3:15 A</u> m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Edward D Campbell (MD)</u>		<b>23b. ADDRESS</b> <u>Cape Girardeau Mo</u>	<b>23c. DATE SIGNED</b> <u>2-6-50</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Feb. 8, 1950</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Fairmont Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>2-7-1950</u>	<b>REGISTRAR'S SIGNATURE</b> <u>G.C. Summers</u>	<b>44</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>F. J. Sparks</u> <b>ADDRESS</b> <u>Cape Girardeau, Mo.</u>

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

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RECEIVED

FEB 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-219

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 Frank Sparks.....

Licensed Embalmer No. 3455.....

P. O. Address Cape Girardeau, 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.