

FILED MAY 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 12348

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Clinton</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Smithville</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Lathrop</i>	
c. LENGTH OF STAY (in this place) <i>20a</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Smithville Community Hosp</i>			

3. NAME OF DECEASED a. (First) <i>ROBERT</i>		b. (Middle) <i>A SA.</i>		c. (Last) <i>JONES</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Apr - 17 - 1950</i>	
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5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Jan - 11 - 1875</i>		9. AGE (In years last birthday) <i>75</i>		10. UNDER 1 YEAR Months <i>3</i> Days <i>6</i>		11. UNDER 1 YEAR Hours <i></i> Min. <i></i>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer - (Retired)</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (State or foreign country) <i>Bath Co. Kentucky</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
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13a. FATHER'S NAME <i>John Jones</i>		13b. MOTHER'S MAIDEN NAME <i>Katie Macey</i>		14. NAME OF HUSBAND OR WIFE <i>Etta Gene Jones</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>John Jones</i>		ADDRESS <i>Lathrop, Mo.</i>	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Heart Disease</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>1920</i>		

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)		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 *July 15, 1949*, to *4-17*, 1950, that I last saw the deceased alive on *4-17*, 1950, and that death occurred at *2:15 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>F. H. Santner M.D.</i>		23b. ADDRESS <i>1117 Lathrop Missouri</i>		23c. DATE SIGNED <i>4-18-50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-19-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lathrop Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Lathrop Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>Apr 19 - 1950</i>		REGISTRAR'S SIGNATURE <i>Beulah Kitchener</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>GRANK FUNERAL HOME</i>		ADDRESS <i>Lathrop Mo</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0240

RECEIVED

MAY 6

District Health Officer No. 8

District File Number

Date Filed 5/9/50

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Fathrop, 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.