

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12594**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** **128** **PRIMARY REG. DIST. NO.** **2000** **Registrar's No.** **350**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>GREENE</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Elkland, Mo.</b> <b>1120</b>	
c. LENGTH OF STAY (If in this place) <b>17 days</b>		d. STREET ADDRESS (If rural, give location) <b>Not Named</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>			
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
a. (First) <b>Wesley</b> b. (Middle) <b>John</b> c. (Last) <b>Jones</b>			<b>4-13-1950</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>July 1, 1869</b>
<b>9. AGE</b> (In years last birthday) <b>80</b>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Retired</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Dallas County, Mo.</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>James H. Jones</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Livena Beckerdite</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Addie E. Jones-Deceased</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Lloyd Jones</b> <b>Elkland, Mo.</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			
<b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, bronche, bilateral</b>			
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <b>Atherosclerotic Heart Disease</b>			
DUE TO (c) <b>with congestive failure</b>			
II. OTHER SIGNIFICANT CONDITIONS			
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>4200</b>	
<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) _____ m.	<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 27 March, 1950, to 13 April, 1950, that I last saw the deceased alive on 13 April, 1950, and that death occurred at 4:15 pm., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Stanley A. Peterson M.D.</b> (Degree or title)		<b>23b. ADDRESS</b> <b>Springfield, Missouri</b>	<b>23c. DATE SIGNED</b> <b>13 April 50</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>4-13-50</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mission Chapel</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Webster County, Missouri</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>4-17-50</b>	<b>REGISTRAR'S SIGNATURE</b> <b>W.E. Handley M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Arthur Bruce, Marshfield, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

revised 1964

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**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 Arthur Bruce .....

Licensed Embalmer No. 4793 .....

P. O. Address Marshfield, 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.