

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19920

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>590</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u>		d. STREET ADDRESS (If rural, give location) <u>2420 N. Benton</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2420 N. Benton</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>R.</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 1950</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 13 1873</u>	9. AGE (In years last birthday) <u>78*76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Wis.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Harrison Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Shenny</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Jackson Springfield</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>One day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerotic Heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>June 20, 1950</u> , to <u>June 28, 1950</u> , that I last saw the deceased alive on <u>June 28, 1950</u> , and that death occurred at <u>3:25 p.m.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. J. W. Klingner M.D.</u>				23b. ADDRESS <u>710 Linden Bldg. Springfield, Mo.</u>		23c. DATE SIGNED <u>6-29-50</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 29, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Union</u>		24d. LOCATION (City, town, or county) (State) <u>Newton Iowa</u>			
DATE REC'D BY LOCAL REG. <u>7-1-50</u>		REGISTRAR'S SIGNATURE <u>W.S. Landby M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner &amp; Co. Springfield</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Ogle Stone Jr* .....

Licensed Embalmer No. *4176* .....

P. O. Address *Springfield 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.