

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22591

BIRTH NO. _____		REG. DIST. NO. <u>371</u>		PRIMARY REG. DIST. NO. <u>4542</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Webster</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rogersville</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Webster</u>	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rogersville, Mo</u>		d. STREET ADDRESS _____		(If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rogersville</u>				d. STREET ADDRESS _____			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>WARD</u>	b. (Middle) _____	c. (Last) <u>Jones</u>	Date (Month) <u>June</u>	(Day) <u>9</u>	(Year) <u>1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 25, 1869</u>	9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>1</u>	11. DAYS <u>14</u>	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>guit. Service</u>		11. BIRTHPLACE (State or foreign country) <u>Pittsburg Landing, Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Wayne Jones - 2906 Leeb - Tex</u>		ADDRESS <u>Raytown</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart attack</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Coronary occlusion</u>					
		DUE TO (c) <u>(Supp. report)</u>					
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____ 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>K. K. Kelley, Coroner</u>				23b. ADDRESS <u>Fordland Mo.</u>		23c. DATE SIGNED <u>6-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cem.</u>		24d. LOCATION (City, town, or county) <u>Springfield, Mo.</u>		(State) _____
DATE REC'D BY LOCAL REG. <u>6-10-50</u>		REGISTRAR'S SIGNATURE <u>Arthur D. Coope</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley-Fessell Burson</u>		ADDRESS <u>Rogersville</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 13 1950
District Health Office No. 6,
District File Number 650-671
Date Filed 6-15-50

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.

Signed H. H. Kelley

Signed _____
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fordland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.