No. 300
10-48

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22394
Registrar's No. 23

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038

0080 4

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

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARSAW
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeside Resthome

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARSAW 0080
d. STREET ADDRESS (If rural, give location): RR 3 0

3. NAME OF DECEASED (Type or Print)
a. (First): Curtis
b. (Middle): Jackson
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): July 12 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 4, 1864
9. AGE (In years last birthday): 86 — If under 1 year: Months 3, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Carroll County, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Jacob Jones
13b. MOTHER'S MAIDEN NAME: Murnwa Shelton
14. NAME OF HUSBAND OR WIFE: Mary E. Butner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mary E. Butner
ADDRESS: Warsaw RR 3 Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) — 14 200

DUE TO (c) — unk

II. OTHER SIGNIFICANT CONDITIONS: Generalized Arteriosclerosis, Severe — unk
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 12 July, 1950, that I last saw the deceased alive on 11 July, 1950, and that death occurred at 4P m., from the causes and on the date stated above.

23a. SIGNATURE: David H. Glenn (Degree or title): D.M.D.
23b. ADDRESS: Warsaw, Mo
23c. DATE SIGNED: 13 July 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14 1950
24c. NAME OF CEMETERY OR CREMATORY: Mound Grove
24d. LOCATION (City, town, or county) (State): Independence, Mo

DATE REC'D BY LOCAL REG.: July 13-1950
REGISTRAR'S SIGNATURE: Jas. A. Logan 28
25. FUNERAL DIRECTOR'S SIGNATURE: John T. Reser
ADDRESS: Warsaw

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 7-17-50

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

working under my personal supervision.

Student Embalmer No.

Signed John F Rieser

Signed
Student Embalmer

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.