

FILED AUG 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26398**

BIRTH NO. _____ REG. DIST. NO. **3-76** PRIMARY REG. DIST. NO. **5902** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Henley Rural Clark		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Henley Rural Clark	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0260	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) E.	c. (Last) JONES	4. DATE OF DEATH (Month) (Day) (Year) Aug 5-1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAR. 20-1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 4	IF UNDER 12 HRS. Days 15
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retail Merchant: Groceries	10b. KIND OF BUSINESS OR INDUSTRY Retail Merchant	11. BIRTHPLACE (State or foreign country) Russellville MO	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Dorris Jones	13b. MOTHER'S MAIDEN NAME Nancy Berry	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. 721-05-9123	17. INFORMANT'S SIGNATURE OR NAME Ms Emer Belade	ADDRESS Henley Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension-nephritis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			593X

19a. DATE OF OPERATION None	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1, 1947**, to **Aug 5, 1950**, that I last saw the deceased alive on **Aug 3, 1950**, and that death occurred at **10:25 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Geo. H. Shidley M.D.	23b. ADDRESS Empire Mo	23c. DATE SIGNED 8/6/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-7-1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem	24d. LOCATION (City, town, or county) (State) Russellville MO
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DATE REC'D BY LOCAL REG. August 6-1950	REGISTRAR'S SIGNATURE Ma. J. L. Glown	25. FUNERAL DIRECTOR'S SIGNATURE I. S. Stephens	ADDRESS Russellville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

260



OCT 21 1956

RECEIVED 8-15-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-15-50

APR 28 1957

MAY 19 1958

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 *[Handwritten Signature]*

Licensed Embalmer No. *2307*

P. O. Address *Russellville*

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.