V.S. No. 300
Rev. 10.48

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

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27505

BIRTH NO. _____ REG. DIST. NO. 9 PRIMARY REG. DIST. NO. 4316 Registrar's No. 80

0610

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Cambria, Mo. 0610
d. STREET ADDRESS (If rural, give location): XXXXXXX 0

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

4. DATE OF DEATH (Month) (Day) (Year): Aug. 22, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Nov. 17, 1880
9. AGE (In years last birthday): 69 — If under 1 year: Months 9, Days 5 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad agent
10b. KIND OF BUSINESS OR INDUSTRY: Railway station
11. BIRTHPLACE (State or foreign country): New Cambria, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Stephen T. Jones
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Kitty Nichols Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.: 707-07-6639
17. INFORMANT'S SIGNATURE OR NAME: Betty Ann Luckenbill
ADDRESS: New Cambria

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES

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

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. +20 1

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* Aug 21 – 1950, *to* Aug 22, 1950, *that I last saw the deceased alive on* Aug 22 1950 *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) M.D.
23b. ADDRESS: New Cambria Mo
23c. DATE SIGNED: 8/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Aug. 24, 1950
24c. NAME OF CEMETERY OR CREMATORY: New Cambria
24d. LOCATION (City, town, or county) (State): New Cambria, Mo.

DATE REC'D BY LOCAL REG.: 8-24-50
REGISTRAR'S SIGNATURE: Josephine Kingo 397
25. FUNERAL DIRECTOR'S SIGNATURE: H. E. Hilleland
ADDRESS: New Cambria Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 27 1950

MAY 20 1950

RECEIVED 8.31.50
MACON COUNTY HEALTH DEPARTMENT
County File No. 9.50.166
Date Filed 9.2.50

NOV 6 1951

Date Received: AUG 29 1950
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed:

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 H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.