

No. 300
10-48

FILED SEP 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29028

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2043

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryland Heights

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION Edgeworth Avenue Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryland Heights Rural 4000

d. STREET ADDRESS (If rural, give location) Edgeworth Avenue

3. NAME OF DECEASED

a. (First) Norman b. (Middle) Charles c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 14, 1926

9. AGE (In years last birthday) 23

If UNDER 1 YEAR: Months _____ Days _____

If UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas Co.

11. BIRTHPLACE (State or foreign country) Maryland Heights, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Norman Jones Sr.

13b. MOTHER'S MAIDEN NAME Beulah O. Bright

14. NAME OF HUSBAND OR WIFE Nina I. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nina I. Jones Robersson, Mo. R#1 Box 416

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES

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

DUE TO (b) My per tension

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND DEATH

1 day -

no known

4501

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) _____

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. 13, 1950, to Aug. 25, 1950, that I last saw the deceased alive on Aug. 15, 1950, and that death occurred at 1:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray A. Hatcher Sr. M.D.

23b. ADDRESS Overland 14 mo.

23c. DATE SIGNED 8-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-28-1950

24c. NAME OF CEMETERY OR CREMATORY Free Free Cemetery

24d. LOCATION (City, town, or county) (State) Pattersonville Mo.

DATE REC'D BY LOCAL REG. 8-26-50

REGISTRAR'S SIGNATURE Herbert R. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William ... 3504 Woodson Rd. Overland-14-Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 3454

working under my personal supervision.

Student Embalmer No.....

Signed David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 14, 77

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.