

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30008**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 799

0396
2

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Springfield</u> c. LENGTH OF STAY (In this place) <u>1 night</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0530</u> OR TOWN <u>Competition (Rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>	
3. NAME OF DECEASED a. (First) <u>Rama</u> b. (Middle) <u>Ray</u> c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 7, 1900</u>
9. AGE (In years last birthday) <u>50</u>		10. AGE (If under 1 year) (If under 12 hrs.) Months <u>5</u> Days <u>2</u> Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Dexter M. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mary J. Humphreys</u>	
14. NAME OF HUSBAND OR WIFE <u>Darlene D. Jones</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>513-28-2820</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Darlene D. Jones</u> ADDRESS <u>Lebanon Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paroxysmal ventricular tachycardia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>	
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)		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 <u>9/8/50</u> , to <u>9/9/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/9/50</u> , 19 <u>50</u> , and that death occurred at <u>6:35 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. T. Wines, M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	
23c. DATE SIGNED <u>9/11/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 11, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>M. Bride Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-12-50</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u>		ADDRESS <u>Lebanon, Mo.</u>	

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 *Dersey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, 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.