

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED OCT 4 1950

State File No. **30227**

No. 300
10.48
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BIRTH NO. _____ REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **4228** Registrar's No. **26**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY HOWARD	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLASGOW	a. STATE MISSOURI	b. COUNTY HOWARD
c. LENGTH OF STAY (In this place) 25 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLASGOW 0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION GLASGOW		d. STREET ADDRESS (If rural, give location) 6th St	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) CHESLV	c. (Last) JONES	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 24, 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 OCT. 10, 1878	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HARDWARE DEALER	10b. KIND OF BUSINESS OR INDUSTRY GARDEN CITY MO	11. BIRTHPLACE (State or foreign country) 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WM. C. JONES	13b. MOTHER'S MAIDEN NAME AMELIA H. NELSON	14. NAME OF HUSBAND OR WIFE AMV. C. HADWICK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 487-32-2980	17. INFORMANT'S SIGNATURE OR NAME Martha Jones Columbia Mo.	ADDRESS
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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) CORONARY THROMBOSIS	INTERVAL BETWEEN ONSET AND DEATH 4501
	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.	

19a. DATE OF OPERATION	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 Glasgow - HOWARD. MO.
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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
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22. I hereby certify that I attended the deceased from _____, 1945, to _____, 1950, that I last saw the deceased alive on _____, 1950, and that death occurred at _____ A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James E. Hanks Sr. D. Glasgow, Mo.	23b. ADDRESS	23c. DATE SIGNED 9-25-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE SEPT. 26, 1950	24c. NAME OF CEMETERY OR CREMATORY La Plata Cem. La Plata Mo	24d. LOCATION (City, town, or county) (State) La Plata Mo
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DATE REC'D BY LOCAL REG. Sept. 25, 1950	REGISTRAR'S SIGNATURE Walker Audsley	410	25. FUNERAL DIRECTOR'S SIGNATURE Audsley - Fremont	ADDRESS Glasgow
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10 مئی 1950

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 10 مئی 1950

APR 6 1950

APR 11 1950

NOV 20 1950

SEP 21 1955

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 *J. Walker Audsley*
Licensed Embalmer No. 3336
P. O. Address Glasgow, 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.