

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38666  
State File No. ....  
10037  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY, REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE NO. _____ b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>St. Louis</u> )		c. LENGTH OF STAY (In this place) <u>16 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 5423 Bartmer</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellwood</u>		b. (Middle) <u>D</u>	
c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1950</u>	
5. SEX <u>0 M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single 0</u>	8. DATE OF BIRTH <u>May 30, 1900</u>
9. AGE (In years last birthday) <u>50yrs</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway Supplies</u>	
11. BIRTHPLACE (State or foreign country) <u>Scranton Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Phillip Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mary J Ellwood</u>	
14. NAME OF HUSBAND OR WIFE <u>No ne</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>	
16. SOCIAL SECURITY NO. <u>Yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary J Jones</u>	
ADDRESS <u>5423 Bartmer</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chr. myocarditis</u>  *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)		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Epilepsy</u>		<u>10 yrs.</u>	
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"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>7222</u>			
22. I hereby certify that I attended the deceased from <u>July 10, 1947</u> , to <u>Nov. 25, 1950</u> , that I last saw the deceased alive on <u>Nov. 25, 1950</u> , and that death occurred at <u>6 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edwin P. Weiners MD.</u>		23b. ADDRESS <u>6651 ENRIGHT AV.</u>	
23c. DATE SIGNED <u>11-25-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 26, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pittsburg Kansas</u>	
DATE REC'D BY LOCAL REG. <u>NOV 27 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Bascom</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander &amp; Sons</u>		ADDRESS <u>6175 Delmar</u>	

2009

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

Call later

10037

**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 Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6170 - P. O. [unclear]

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.