

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>SCOTT</u>	
b. CITY OR TOWN <u>CAPE GIRARDEAN</u>		c. CITY OR TOWN <u>RURAL</u> <u>1000</u>	
c. LENGTH OF STAY (in this place) <u>4 Days</u>		d. STREET ADDRESS (If rural, give location) <u>SIKESTON R #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARCHIE</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-25-51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 25 1908</u>	9. AGE (In years last birthday) <u>42</u>	10. IF UNDER 1 YEAR Days <u>3</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto REPAIR</u>		11. BIRTHPLACE (State or foreign country) <u>STAFFORD TEXAS</u>	
13a. FATHER'S NAME <u>JOHN R. JONES</u>			13b. MOTHER'S MAIDEN NAME <u>WALLIE DARRAH</u>		14. NAME OF HUSBAND OR WIFE <u>FLETA JONES</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Link</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fleta Jones - Sikeston Mo</u> ADDRESS <u>Sikeston Mo</u>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PERITONITIS (Abscess)</u>		ANTECEDENT CAUSES DUE TO (b) <u>DIVERTICULUM (SIGMOID)</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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?	
22. I hereby certify that I attended the deceased from <u>2/20</u> , 19 <u>51</u> , to <u>3/25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/25</u> , 19 <u>51</u> , and that death occurred at <u>2:00 A. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Ch. Smith MD</u>			23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>3/27/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARPENTER</u>	
		24d. LOCATION (City, town, or county) (State) <u>SCOTT Co MO</u>			

DATE REC'D BY LOCAL REG. <u>3-28-1951</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home Sikeston Mo</u> ADDRESS <u>Sikeston Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR . 3 1951

DISTRICT HEALTH OFFICE No. (

ic No.....

**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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Leicester Ms

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.