

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9624

FILED MAR 19 1951

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5971 Registrar's No. 35

840
1

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

1. PLACE OF DEATH a. COUNTY <u>Call</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Call</u>	
b. CITY OR TOWN <u>Balivari N.E. Marion</u>	c. LENGTH OF STAY (In this place) <u>5 Mo</u>	c. CITY OR TOWN <u>Balivari N.E. Marion</u> <u>0840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 Miles N.E. of Balivari</u>		d. STREET ADDRESS (If rural, give location) <u>8 Miles N.E. of Balivari</u>	

3. NAME OF DECEASED (Type or Print) <u>John Jones</u> a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 7 1951</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. 21 1899</u>	9. AGE (In years of under 1 year last birthday) <u>51</u>	10. MONTHS <u>3</u> DAYS <u>16</u> HOURS _____ MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Welding</u>		11. BIRTHPLACE (State or foreign country) <u>Brendon, Kans. USA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Bennett Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Hilda Oliver</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Finch Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>70</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. A. Lockhart</u> ADDRESS <u>Balivari 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>Cerebral Apoplexy</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>3 days</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.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____ DUE TO (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ m.		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 March 6, 1951, to Mar 7, 1951; that I last saw the deceased alive on March 6, 1951, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wayne McLean M.D.</u>		23b. ADDRESS <u>Balivari Mo.</u>		23c. DATE SIGNED <u>3/8/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>March 10, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Portland Oregon</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 8, 1951</u>		REGISTRAR'S SIGNATURE <u>Ralph Gorden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jewell Blue</u>		ADDRESS <u>Balivari, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 14 1951

Dist. File 351-5-48

Date Filed 3-15-51

MAR 15 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas Jester

Signed.....
Student Embalmer

Licensed Embalmer No. 4154

P. O. Address Bolivar, Md.

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.