

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11315**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **304** PRIMARY REG. DIST. NO. **6209** Registrar's No. **19**

|   |                              |  |  |
|---|------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>TEXAS</b>   |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>TEXAS</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>HOUSTON PINEY</b>  |                              | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>HOUSTON</b> <b>1070</b>   |  |
| c. LENGTH OF STAY (in this place)   |                              | d. STREET ADDRESS (If rural, give location)<br><b>U</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |                              |  |  |
| 3. NAME OF DECEASED<br>a. (First) <b>CUTHBERT</b> b. (Middle) <b>VERNON</b> c. (Last) <b>JONES</b>  |                              |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>3-15-51</b>                             |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>   | 8. DATE OF BIRTH<br><b>SEPT 30 1918</b>  |
| 9. AGE (In years last birthday)<br><b>32</b>  |                              | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>MASONARY</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>HOUSTON MO</b>                         |
| 10a. USUAL OCCUPATION   |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>LABOR</b>  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |
| 13a. FATHER'S NAME<br><b>GARLAND JONES</b>  |                              | 13b. MOTHER'S MAIDEN NAME<br><b>NETTIE HILL</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>WANDA JONES</b>                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES</b> <b>W.W.I</b>   |                              | 16. SOCIAL SECURITY NO.<br><b>499-07-5068</b>  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>WANDA JONES</b> ADDRESS<br><b>HOUSTON</b>      |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc.* It means the disease, injury, or complication which caused death.          |                              | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun Shot Through Body</b><br>INTERVAL BETWEEN ONSET AND DEATH<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. . . .<br>DUE TO (b) <b>Shot by another person who started under left arm</b> |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Wounding downward across body causing instant death</b>   |                              | 19. DATE OF OPERATION<br>19b. MAJOR FINDINGS OF OPERATION<br><b>body causing instant death</b>   |  |
| 19a. DATE OF OPERATION  |                              | 20. AUTOPSY?<br>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.)<br><b>Home</b>  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>Houston (Piney Top) Texas MO</b> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>March 15 1951 10:30 PM</b>  |                              | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  | 21f. HOW DID INJURY OCCUR?<br><b>Shot by sister Ramsey with 38 Pidgeon</b>             |
| 22. I hereby certify that I attended the deceased from _____, 19 _____, to _____, 19 _____, that I last saw the deceased alive on _____, 19 _____, and that death occurred at _____, _____, from the causes and on the date stated above. |                              |  |  |
| 23a. SIGNATURE<br><b>Gaylord V. Elliott</b> 3 (Degree or title) <b>(Coroner)</b>  |                              | 23b. ADDRESS<br><b>Calais</b>  | 23c. DATE SIGNED<br><b>March 17/51</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |                              | 24b. DATE<br><b>3-18-51</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>EMERY</b>                                     |
| 24d. LOCATION (City, town, or county) (State)<br><b>TEXAS MO</b>  |                              | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Gaylord V. Elliott</b> ADDRESS<br><b>HOUSTON, MO</b>  |  |
| DATE REC'D BY LOCAL REG.<br><b>March 24-51</b>  |                              | REGISTRAR'S SIGNATURE<br><b>Myrtle Craig</b> 32  |  |

1070  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

RECEIVED MAR 27 1951

Dist. File 327-670

Date Filed 3-28-51

RECEIVED  
ENCLOSED  
MAR 25 1951

MAR 30 1951  
DIST. OF MO.

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.