

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11777

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>102</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>1 mo 9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Keeton</u>		1003			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>unk</u>				1	
3. NAME OF DECEASED (Type or Print) <u>HENRY</u>			a. (First)		b. (Middle) <u>JONES</u>		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 8, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>10 May 1884</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>10</u>		IF UNDER 1 YEAR Days <u>28</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>Labour</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u>			11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Fannie N. Pain</u>			14. NAME OF HUSBAND OR WIFE <u>unk</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>			16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u>			ADDRESS <u>Fulton, Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerotic Heart Disease with</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>4200</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diagnosis & control arterio sclerotic</u>						INTERVAL BETWEEN ONSET AND DEATH	
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) (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>7 March</u> , 1951, to <u>8 April</u> , 1951, that I last saw the deceased alive on <u>8 April</u> , 1951, and that death occurred at <u>3:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>G.S. Waracek</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Fulton, Mo.</u>			23c. DATE SIGNED <u>8 April 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr. 14 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Durant</u>		24d. LOCATION (City, town, or county) (State) <u>Miss</u>			
DATE REC'D BY LOCAL REG. <u>April 8 - 1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u>		ADDRESS <u>Fulton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

143
2No. 300
10. 48

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 16 1951

RECEIVED

AUG 20 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 _____

Russell C. Maag

Licensed Embalmer No. 4809

P. O. Address Fulton, Mo.

Signed.....
Student Embalmer

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.