

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12256
Registrar's No. 382

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (in this place) 30 years		d. STREET ADDRESS (If rural, give location) 1825 College Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1825 College Street			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) CARTON		c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) April 29, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 20 July 1866	
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. powder man		10b. KIND OF BUSINESS OR INDUSTRY Stone quarry		11. BIRTHPLACE (State or foreign country) Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wiley Jones		13b. MOTHER'S MAIDEN NAME (Unk) Norris		14. NAME OF HUSBAND OR WIFE Nellie M. Jones	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clettus Jones, Springfield, Missouri			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, acute				INTERVAL BETWEEN ONSET AND DEATH 2 days.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) Springfield, Greene Mo.			
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 **4, 27, 51**, 19___, to **4, 29, 51**, 19___, that I last saw the deceased alive on **4, 28, 51**, 19___, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>D. M. M. M.</i>		(Degree or title)		23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 4, 30, 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1 May 1951		24c. NAME OF CEMETERY OR CREMATORY White Chapel		24d. LOCATION (City, town, or county) (State) Springfield, Missouri.	

DATE REC'D BY LOCAL REG. 5-1-51		REGISTRAR'S SIGNATURE <i>W. E. Handley</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Paul C. Thome</i>		ADDRESS Springfield, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Missouri

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.....
Student Embalmer

Signed

Ralph H. Hiemenz

..... Licensed Embalmer No. 3681

..... P. O. Address Springfield, Missouri.

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.