

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12390

State File No.

FILED MAY 9 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>4227</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin</u>		c. LENGTH OF STAY (In this place) <u>65 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0450</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Herndon</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2-1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 3-1854</u>	
9. AGE (In years last birthday) <u>96</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Louden Co. Va.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Litcher</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Turner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.D. Kasper</u> ADDRESS <u>New Franklin</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral arteriosclerosis with thrombosis</u> ANTECEDENT CAUSES (b) <u>arteriosclerosis</u> DUE TO (c) <u>chr Pyelonephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>myocarditis arteriosclerotic</u>					
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Apr 1</u> , 19 <u>50</u> , to <u>May 1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 1</u> , 19 <u>51</u> , and that death occurred at <u>3:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J.D. Chamberlain M.D.</u>				23b. ADDRESS <u>New Franklin Mo.</u>		23c. DATE SIGNED <u>5-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 4-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-4-51</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shello</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.D. Newlan</u> ADDRESS <u>New Franklin Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

mo.

RECEIVED

5-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

5-8-51



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.

Signed

R. L. Hall

Signed

Student Embalmer

Licensed Embalmer No.

3515

P. O. Address

New Franklin

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.