

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13030**  
Registrar's No. **74**

FILED MAY 14 1951

BIRTH NO.		REG. DIST. NO. <b>155</b>		PRIMARY REG. DIST. NO. <b>4224</b>		Registrar's No. <b>74</b>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cartersville</b>		c. LENGTH OF STAY (In this place) <b>67yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cartersville</b>		<b>0490</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>122 W. Wilson St.</b>				d. STREET ADDRESS (If rural, give location) <b>122 W. Wilson St.</b>			
3. NAME OF DECEASED a. (First) <b>GEORGE</b> (Type or Print)			b. (Middle) <b>W.</b>		c. (Last) <b>JONES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 28, 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 2, 1884</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>26</b>	IF UNDER 12 HRS. Hours <b>26</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police Judge</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Judge Law Court</b>		11. BIRTHPLACE (State or foreign country) <b>Cartersville Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles R. Jones</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Bliss Jones</b>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Pearl J. Wright Cartersville, Mo</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fibroid Myocarditis</b>  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.				INTERVAL BETWEEN ONSET AND DEATH	
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) <b>4222</b>			
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 <b>April 15, 1951</b> , to <b>April 28, 1951</b> , that I last saw the deceased alive on <b>Apr 27, 1951</b> and that death occurred at <b>5:35 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>By R. M. Stormont, M.D.</b>				23b. ADDRESS <b>Cartersville Missouri</b>		23c. DATE SIGNED <b>4-30-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 30, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cartersville Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Cartersville, Missouri</b>	
DATE REC'D BY LOCAL REG <b>Apr 30-51</b>		REGISTRAR'S SIGNATURE <b>R. M. Stormont M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedge Lewis</b>		ADDRESS <b>Webb City, Missouri</b>	

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

RECEIVED 5-10-51

Jasper County Health Office

County File Number 51/4-378

Date Filed 5-11-51

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.

Student \_\_\_\_\_  
Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 44500

P. O. Address Webb City, 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.