

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13347**

FILED MAY 2 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355** Registrar's No. **24**

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

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Madrid</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Madrid</b>	
c. LENGTH OF STAY (in this place) <b>25 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>H.</b> b. (Middle) <b>A.</b> c. (Last) <b>JONES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 14 1951</b>		
5. SEX <b>0</b> Male		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 5</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WATCH REPAIRMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <b>Jan. 18, 1886</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>				9. AGE (In years last birthday) <b>65</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				IF UNDER 1 YEAR Months Days	
IF UNDER 2 HRS. Hours Min.					

13a. FATHER'S NAME <b>Price Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Clementine Whiteside</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
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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. Tava Elliott, Kansas City, Mo.</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Found dead in bed at home</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>by all record death was</b> DUE TO (c) <b>due to Myxo carditis</b>				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) 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. S. Hildreth</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>New Madrid Mo.</b>		23c. DATE SIGNED <b>4/16/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/18/1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Koshkonong Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Koshkonong, Mo.</b>		DATE REC'D BY LOCAL REG. <b>4-24-51</b>		REGISTRAR'S SIGNATURE <b>Nelson Louis Jones</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Carter Funeral Home</b>		ADDRESS <b>Thayer Mo.</b>			

RECEIVED

MAY 1 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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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.....

*L. B. Hudgins*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.