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R#-556

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19542

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 264

1730

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

1. PLACE OF DEATH a. COUNTY <b>Butler</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>Poplar Bluff</b>		c. LENGTH OF STAY (In this place) <b>12</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Box 513</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b> b. (Middle) <b>C.</b> c. (Last) <b>Jones</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 22 1951</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 21, 1896</b>	9. AGE (In years last birthday) <b>54</b>	10. UNDER 1 YEAR <b>11</b> MONTHS <b>1</b> DAYS <b>20</b> HRS. <b>25</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Holcomb, Missouri</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>						

13a. FATHER'S NAME <b>James M. Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Alie Dye</b>	14. NAME OF HUSBAND OR WIFE <b>Loreen Jones</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give year or dates of service) <b>WW-I</b>	16. SOCIAL SECURITY NO. <b>490-18-2587</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Records</b> ADDRESS
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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) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Right Kidney Calculus</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <b>Bladder Calculus</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **June 10, 1951**, to **June 22, 1951**, and that death occurred at **8:25P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>M.V. Malinoski, M.D.</b> (Degree or title)	23b. ADDRESS <b>VAH, Poplar Bluff, Missouri</b>	23c. DATE SIGNED <b>6-22-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>June 24, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stanfield Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clarkton, Mo. R.1</b>
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DATE REC'D BY LOCAL REG. <b>June 23-1951</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home</b> ADDRESS <b>Campbell, Mo</b>
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RECEIVED

JUN 26 1951

BUTLER CO. HEALTH CENTER

FILE No. 651-288

JUN 25 1951

JUN 9 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.