

FILED AUG 11 1951

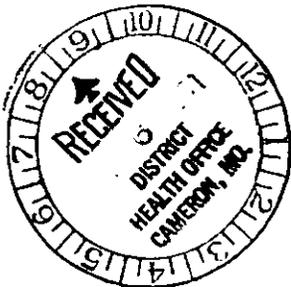
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23898**

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>5846</u>		Registrar's No. <u>186</u>		
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmo - rural Lincoln Twp</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmo - rural</u>		0740		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/4 miles SW</u>				d. STREET ADDRESS (If rural, give location) <u>3 1/4 miles southwest</u>				
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>			a. (First)		b. (Middle)		c. (Last) <u>JONES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7 21 51</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>2/17/80</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>		11. BIRTHPLACE (State or foreign country) <u>Elmo, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Eli Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Howard</u>			14. NAME OF HUSBAND OR WIFE <u>Carrie Alexander Jones</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frank Jones, Elmo, Missouri</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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension with cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Chronic Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Benign prostatic hypertrophy</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>?</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Benign prostatic hypertrophy</u>					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 <u>2143X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>May 1951</u> , to <u>July 21, 1951</u> , that I last saw the deceased alive on <u>June 25, 1951</u> , and that death occurred at <u>1:27P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. F. Byrum</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>7-31-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lamar</u>		24d. LOCATION (City, town, or county) (State) <u>Elmo, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-4-51</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>				

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

140
1



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

Robert L. Lenter

Licensed Embalmer No. *4782*

P. O. Address *Maryville, 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.