

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27305

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 322

1. PLACE OF DEATH a. COUNTY Jackson <i>0485</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give townships) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence <i>0485</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If rural, give location) 1037 West Maple <i>0</i>	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) E c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) August 27, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 4, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Hours 13 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Cashier Bank	10b. KIND OF BUSINESS OR INDUSTRY Bank	11. BIRTHPLACE (State or foreign country) Renick, Missouri <i>0</i>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Richard Jones	13b. MOTHER'S MAIDEN NAME Margaret Coxshot	14. NAME OF HUSBAND OR WIFE Mrs Tessie Jones
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 497-14-0434	17. INFORMANT'S SIGNATURE OR NAME Mrs Tessie Jones, Indep. Mo. 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Hemopericardium 36 hr		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarct 72 hr		
	DUE TO (c) Thrombosis of Right anterior coronary artery		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 2-21, 1948, to Aug 27, 1951, that I last saw the deceased alive on Aug 26, 1951, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE Ethel Watson M.D. (Degree or title)	23b. ADDRESS 129 W Lexington Independence, Mo.	23c. DATE SIGNED 8-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 30-1951	24c. NAME OF CEMETERY OR CREMATORY Mound Grove	24d. LOCATION (City, town, or county) (State) Jackson Missouri
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DATE REC'D BY LOCAL REG. Aug 28 51	REGISTRAR'S SIGNATURE [Signature] 354	25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks, Indep. Mo. ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 4 RECD

SEP 11 1938

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..... *Poland Jones*

Signed.....
Student Embalmer

Licensed Embalmer No..... 3604

P. O. Address..... Independence, Missouri

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.