

FILED AUG 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29192

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

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6091</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Salt Pond</u>		c. LENGTH OF STAY (in this place) <u>3 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Salt Pond</u>		<u>0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles east Sweet Springs</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles east Sweet Springs</u>			
3. NAME OF DECEASED a. (First) <u>William</u>		b. (Middle) <u>Albert</u>		c. (Last) <u>Jose</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 12, 1951.</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>May 12, 1880</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u>		IF UNDER 28 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Saline County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charlie Jose</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ellen Gibson</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Wood Jose</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Campbell Martin, Sweet Springs, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>coronary artery disease</u> DUE TO (c) <u>arteriosclerotic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS <u>Asthma, bronchial</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>	
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)			
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 <u>3 am</u> , 19 <u>51</u> , to <u>12 Aug, 1951</u> , that I last saw the deceased alive on <u>12 Aug, 1951</u> , and that death occurred at <u>12:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ralph H. Jones MD</u> (Degree or title)				23b. ADDRESS <u>Sweet Springs, Mo.</u>		23c. DATE SIGNED <u>12 Aug 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug. 14, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Arrow Rock, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/14/51</u>		REGISTRAR'S SIGNATURE <u>Dorothy Andrew Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis Marshall</u>		ADDRESS <u>Marshall, Mo.</u>	

RECEIVED 8-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-23-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed James H. Lewis Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.