

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30688

State File No.

FILED OCT 2 1951

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5627 Registrar's No. 537

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

1. PLACE OF DEATH
 a. COUNTY Laclede
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orla Mo.
 c. LENGTH OF STAY (In this place) 80 yr
 d. FULL NAME OF HOSPITAL OR INSTITUTION Orla, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo. b. COUNTY Laclede
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orla, Mo.
 d. STREET ADDRESS (If rural, give location) 1 1/2 miles south of Lebanon

3. NAME OF DECEASED
 a. (First) Charles Calvin b. (Middle) _____ c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 18 1951

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced

8. DATE OF BIRTH Jan 2 1871

9. AGE (In years last birthday) 80

IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY retired farmer

11. BIRTHPLACE (State or foreign country) Laclede County Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel B Jones

13b. MOTHER'S MAIDEN NAME Cathrine Whitson

14. NAME OF HUSBAND OR WIFE Effie Southard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cynthia Murphy Orla, Mo.

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) Burned to Death
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. House burned down

INTERVAL BETWEEN ONSET AND DEATH
E9160
16

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Orla Laclede Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-18-51 4 A.M.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? house burned down

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 4 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard L. Palmer coroner 3

23b. ADDRESS Lebanon, Mo.

23c. DATE SIGNED 9-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept. 20, 51

24c. NAME OF CEMETERY OR CREMATORY White oak Pond

24d. LOCATION (City, town, or county) (State) Laclede Mo.

DATE REC'D BY LOCAL REG. 9-20-1951

REGISTRAR'S SIGNATURE Hella L. May Palmer

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lebanon, Mo.

SEP 29 1951

SEP 29 1951

Received

Laclede County Health Unit

File No. 9-51-137

Date Filed OCT 1 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

.....
working under my personal supervision.

Student Embalmer No.

Signed Richard D. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.