

STANDARD CERTIFICATE OF DEATH

State File No. **31032**

FILED OCT 3 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **306**

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

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia, Missouri</b>	
c. LENGTH OF STAY (in this place) <b>13 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>720 S. New York</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Bothwell Memorial Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence</b> b. (Middle) <b>Ervin</b> c. (Last) <b>Jones</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 24, 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>Sept 30, 1885</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RailroadMKT</b>	11. BIRTHPLACE (State or foreign country) <b>Sedalia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Lee Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Belle Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. May Jones</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>702-10-1473</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. May Jones, Sedalia, Mo</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes Mellitus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 or 3 yrs</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Gangrene foot</b>		About 7 wks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Hypertension</b>		Several years	

19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Sedalia, MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Aug. 5, 1951, to Sept. 24, 1951, that I last saw the deceased alive on Sept. 24, 1951, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>S. Dyer</b> (Degree or title) <b>M.D. D.</b>		23b. ADDRESS <b>Sedalia, Missouri</b>		23c. DATE SIGNED <b>Sept. 25, 51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>9/26/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	
		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>9/26/51</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Sedalia, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 10-2-51 -----

1951 OCT 1 10 51

OCT 5 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 P. C. Baker

Signed .....  
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Bedalia, Md

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.