

FILED NOV 30 1951

THE HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37057**
Registrar's No. **110**

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 5482		Registrar's No. 110	
1. PLACE OF DEATH a. COUNTY Harrison 0410				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Adams twp		c. LENGTH OF STAY (in this place) 9 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural Adams twp		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gilman City RFD #1				d. STREET ADDRESS (If rural, give location) Gilman City RFD #1			
3. NAME OF DECEASED (Type or Print) a. (First) Purley b. (Middle) Wallace c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) 11 20 1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-28-1885	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 11 Days 22		IF UNDER 24 HRS. Hours 11 Min. 22		12. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Whetmore, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME George W. Jones		13b. MOTHER'S MAIDEN NAME Rebecca Thompson		14. NAME OF HUSBAND OR WIFE Cecil Henderson Jones			
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 Cecil Henderson Jones Gilman City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden death ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Coronary sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dead on arrival.				INTERVAL BETWEEN ONSET AND DEATH 10 days unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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) m.		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 <input checked="" type="checkbox"/> 19___, to <input checked="" type="checkbox"/> 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 6:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Leonard R. Lee M.D. (Degree or title)				23b. ADDRESS Bethany, Mo.		23c. DATE SIGNED 11-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-23-51		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion		24d. LOCATION (City, town, or county) (State) Albany Mo.	
DATE REC'D BY LOCAL REG. 11/21/51		REGISTRAR'S SIGNATURE Zola Burres		25. FUNERAL DIRECTOR'S SIGNATURE William Funeral Home		ADDRESS Gilman City, Mo.	

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



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 J. Gordon Blackmer

Licensed Embalmer No. 4602

P. O. Address Jrenton, 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.