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FILED DEC 20 1951

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **42107**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5632 Registrar's No. 576

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dry Knob</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dry Knob</u>	
c. LENGTH OF STAY (In this place) <u>72 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) <u>Dry Knob Rural</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>R.</u>	c. (Last) <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>June 10, 1879</u>	9. AGE (In years last birthday) <u>72</u>	10 UNDER 1 YEAR Months <u>5</u> Days <u>22</u>	11 UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John W. Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Hayes</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Jones</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See 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 <u>Alvie Lewis</u>	ADDRESS <u>Dry Knob Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>15 yrs.</u> <u>15 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic hepatitis</u>		
	DUE TO (c) <u>Arteriosclerotic ht. dis.</u>		
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 type="checkbox"/> NO <input checked="" 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) <u>4200</u>
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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? _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 12-2-1951, that I last saw the deceased alive on 11-29-1951, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B B Hurst, M.D.</u> (Degree or title)	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>12-4-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 6, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Falcon Mo. Laclede</u>
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DATE REC'D BY LOCAL REG. <u>12-6-1951</u>	REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Halman</u>	ADDRESS <u>Lebanon Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Received ..... DEC 15 1951  
Laclede County Health Unit  
File No. 12-51-171  
Date Filed ..... DEC 18 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.....  
Student Embalmer

Signed *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.