

FILED JAN 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14059

State File No. \_\_\_\_\_

|   |  |  |   |   |  |  |  |
|---|--|--|---|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>170</u>  |   | PRIMARY REG. DIST. NO. <u>3033</u>  |  | Registrar's No. <u>573</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Laclede 0533</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Lebanon</u>  |  | c. LENGTH OF STAY (In this place) <u>34 yrs</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon 0533</u>  |  | d. STREET ADDRESS (If rural, give location) <u>455 South Street<sup>0</sup></u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>455 S. Street</u>  |  |  |   |   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Jones</u>   |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28 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>July 31-1951</u>   |  |
| 9. AGE (In years last birthday) <u>34</u>   |  | 10. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Carpenter</u> |   | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Missouri</u>            |  |
| 10a. USUAL OCCUPATION   |  |  |   |   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME <u>Alfred Jones</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Lizzie Lissing</u>           |   |  | 14. NAME OF HUSBAND OR WIFE <u>Margaret Jones</u>                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes World War II</u>   |  |  | 16. SOCIAL SECURITY NO. <u>lost</u>                       |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Jones</u> ADDRESS <u>Lebanon, Mo</u> |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Alcoholism</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>(?)</u><br>ANTECEDENT CAUSES<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or conditions causing death. |  |  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <u>3220</u>   |   |   |  | 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 <u>11-3</u> , 1951, to <u>11-28</u> , 1951, that I last saw the deceased alive on <u>11-27</u> , 1951, and that death occurred at <u>11:30 Am.</u> , from the causes and on the date stated above. |  |  |   |   |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>R. E. Harrell M.D.</u>  |  |  |   | 23b. ADDRESS <u>Lebanon, Mo.</u>  |  | 23c. DATE SIGNED <u>11-29-1951</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>12-2-1951</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>                |  |
| DATE REC'D BY LOCAL REG. <u>12-2-1951</u>   |  | REGISTRAR'S SIGNATURE <u>Hella L. May</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u> ADDRESS <u>Lebanon, Mo.</u>  |  |  |  |

(Licensed Embalmers' Statement on Reverse Side)

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

1925

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.