

STANDARD CERTIFICATE OF DEATH

14062

FILED JAN 23 1952

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5632</u>		Registrar's No. <u>576</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede 0530</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) <u>Wry nos</u>		c. LENGTH OF STAY (in this place) <u>1 7/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wry nos 0530</u>		d. STREET ADDRESS (If rural give location) <u>Rural Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wry nos - Rural</u>				3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>R-</u> c. (Last) <u>Jones</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>June 10 - 1951</u>	
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		9. AGE (In years last birthday) <u>72</u>		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>	
13a. FATHER'S NAME <u>John W. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Hayes</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
14. NAME OF HUSBAND OR WIFE <u>Mellie Jones</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alvin Lewis Wry nos. Mo.</u>	
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) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>				<u>15 yrs.</u>	
		DUE TO (c) <u>Arteriosclerotic Heart Disease - 15 yrs</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 <u>4200</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)		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>19</u> , to <u>12-2</u> , 1951, that I last saw the deceased alive on <u>11-29</u> , 1951, and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. Hersh D M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>12-4-1951</u>	
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 Lebanon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-6-1951</u>		REGISTRAR'S SIGNATURE <u>Mella L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Holman, Lebanon Mo.</u>			

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.....

Signed.....
Student Embalmer

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.