

FILED FEB 4 1952

STANDARD CERTIFICATE OF DEATH

State File No. ....

599

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5270 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" LINCOLN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0220</u> OR TOWN <u>"RURAL" LINCOLN</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>RT. #1, CLEVER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. #1, CLEVER</u>			

3. NAME OF DECEASED a. (First) <u>JAMES</u>		b. (Middle) <u>ALLEN</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 22 1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT. 21 - 1873</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 60 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			11. BIRTHPLACE (State or foreign country) <u>0</u> <u>CLEVER - MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							

13a. FATHER'S NAME <u>ALLEN JONES</u>		13b. MOTHER'S MAIDEN NAME <u>MARY</u>		14. NAME OF HUSBAND OR WIFE <u>CENA PRUNTY, JONES</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 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 ADDRESS <u>OTIS JONES, RT. #1, CLEVER, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c)		
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>4201</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Sept 1948, to Jan 1952, that I last saw the deceased alive on 20 Jan 1952, and that death occurred at 12:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O. Karl Leidinger Jr. M.D.</u>		23b. ADDRESS <u>Republic, MO</u>		23c. DATE SIGNED <u>31 Jan 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 24 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRAZIER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO., MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 31 1952</u>		REGISTRAR'S SIGNATURE <u>Heline Drier</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Dean Harris, Clever, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

220

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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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, Ms.

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.