U.S. No. 300
Rev. 10.48

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

FILED JAN 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2519

BIRTH NO. 124-78947-51 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cantwell
c. LENGTH OF STAY (In this place): 2mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cantwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Roger
b. (Middle): Dale
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Jan. 8 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child
8. DATE OF BIRTH: Nov. 24, 1951
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 14 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cantwell, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Raymond D. Jones
13b. MOTHER'S MAIDEN NAME: Betty Lorine Wiess
14. NAME OF HUSBAND OR WIFE:

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Raymond Jones
ADDRESS: Cantwell, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. common cold — 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 490X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1951, to Nov 24, 1951, that I last saw the deceased alive on Nov 24, 1951, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE: J. L. Foster (Degree or title): M.D.
23b. ADDRESS: Desloge Mo
23c. DATE SIGNED: 1-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/10/52
24c. NAME OF CEMETERY OR CREMATORY: HEROD CEMETERY
24d. LOCATION (City, town, or county) (State): DESLOGE MO.

DATE REC'D BY LOCAL REG.: Jan. 11, 1952
REGISTRAR'S SIGNATURE: Esther Rudolff
25. FUNERAL DIRECTOR'S SIGNATURE: C. Z. Boyer & Son
ADDRESS: Desloge, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 C. F. Royer

Licensed Embalmer No. 1671

P. O. Address Desloge Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Francois }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 2519-A
Local Registrar's No. 213
Reg. Dist. 316

On this 23rd day of January, 1952, before me appears J. L. Foster, M. D., who, upon his oath, states that the original record of ~~death~~ death for Roger Dale Jones, ~~born~~ died Jan. 8, 1952, in the State of Missouri, and which was filed at Farmington, Mo. on Jan. 11, 1952, should be corrected as follows:

Item No. 22 should read Nov. 24, 1951 to Jan. 8, 1952, last saw her alive on Jan. 8, 1952
Instead of Nov. 24, 1951 to Nov 24, 1951, saw her alive on Nov. 24, 1951

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant J. L. Foster M. D.
Relationship.

Desloge, Mo.
Present Address.

Subscribed and sworn to before me this 23rd day of January, 1952

My Commission expires Feb. 23, 1953 Esther Rudloff Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817