No. 300
10.48

VIED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4794

BIRTH NO. 1 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains
c. LENGTH OF STAY (in this place) 18 mos
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 Missouri
b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains 0461
d. STREET ADDRESS (If rural, give location) 419 Johnson Str

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Henry c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year) 2-19-52

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH 1-16-1859
9. AGE (In years last birthday) 93 IF UNDER 1 YEAR Months 1 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chicago Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thos Jones
13b. MOTHER'S MAIDEN NAME Jane Brooks
14. NAME OF HUSBAND OR WIFE Sarah Drake Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Hazel J Everly, West Plains Mo ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4343
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* 31-12, 1951, *to* 19-2, 1952, *that I last saw the deceased alive on* 31-12, 1951, *and that death occurred at* 2:15 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Pollen Hunt M.D.
23b. ADDRESS West Plains. Mo.
23c. DATE SIGNED 3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) B
24b. DATE 2/21-1952
24c. NAME OF CEMETERY OR CREMATORY Oak Lawn
24d. LOCATION (City, town, or county) (State) West Plains Mo

DATE REC'D BY LOCAL REG. 3-7-52
REGISTRAR'S SIGNATURE Beatrice Cook 379
25. FUNERAL DIRECTOR'S SIGNATURE Roberts Mo, West Plains Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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 D D Roberts

Licensed Embalmer No. 3437

P. O. Address West Plains, 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.