No. 300
10-48

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11752

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6187 Registrar's No. 26

60

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

1. PLACE OF DEATH
a. COUNTY: Tanney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Protem-Rural ~~Lickcreek~~ Big Creek Twp.
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Protem. Mo, Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Tanney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Protem--Rural-~~Lickcreek~~ Big Creek Twp. 1060
d. STREET ADDRESS (If rural, give location): Tanney County--Lickcreek Twp. 0

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

4. DATE OF DEATH (Month) 4 (Day) 9 (Year) 52

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: 3--2---1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 1, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman for Armor Co.
10b. KIND OF BUSINESS OR INDUSTRY: Packing Co.
11. BIRTHPLACE (State or foreign country): Climax, Kansas /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William J. Jones
13b. MOTHER'S MAIDEN NAME: Frances Eaton
14. NAME OF HUSBAND OR WIFE: Myrtle Jones--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 510-05-5986A
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: William J. Jones-- Kansas City, Mo

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 — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial hypertension — 4 yr or more
DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 443X
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* April 14, 1949, *to* 4-9, 1952, *that I last saw the deceased alive on* ~~April 14, 1949~~ April 1, 1952, *and that death occurred at* 8 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Hoerman DO
23b. ADDRESS: Gainesville, Mo
23c. DATE SIGNED: 4-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/12/52
24c. NAME OF CEMETERY OR CREMATORY: Protem, Missouri
24d. LOCATION (City, town, or county) (State): Tanney Co. Mo

DATE REC'D BY LOCAL REG.: Apr 19-1952
REGISTRAR'S SIGNATURE: S E Cogswell 376
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Clinkingbeard Funeral Home, Gainesville Missouri

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1951

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 Chester A. Roof

Signed.....
Student Embalmer

Licensed Embalmer No. 3 0 4 4

P. O. Address Gainesville Fl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.