

FILED MAY 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13864**

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4422** Registrar's No. **50**

850
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1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverlyville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker	
d. FULL NAME OF HOSPITAL OR INSTITUTION DeWitt Hospital		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) Way b. (Middle) Mac c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) May 3 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 15, 1866		9. AGE (In years last birthday) 85		10. IF UNDER 1 YEAR: Months 11 Days 18 IF UNDER 6 HRS. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Massia T. Jones		13b. MOTHER'S MAIDEN NAME Margarette Pointer		14. NAME OF HUSBAND OR WIFE Delilla Belle Jones	
15. WAS DECEASED 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 ADDRESS Melvin Jones Crocker Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		15 yrs	
		DUE TO (c) Senility			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 4-22 , 19 52 to 5-2 , 19 52 ; that I last saw the deceased alive on 5-2 , 19 52 and that death occurred at 11:15 A from the causes and on the date stated above.					

23a. SIGNATURE R. O. DeWitt, M.D. (Degree or title)		23b. ADDRESS Waverlyville, Mo		23c. DATE SIGNED 5-4-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 5 1952		24c. NAME OF CEMETERY OR CREMATORY Livingston Cemetery		24d. LOCATION (City, town, or county) (State) Miller County Mo	
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DATE REC'D BY LOCAL REG. 5-5-52		REGISTRAR'S SIGNATURE Paul G. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home Crocker Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-5-52
Muskegon County Health Officer
File Number
Date Filed 5-18-52

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 _____

C. E. Moss

working under my personal supervision.

Student Embalmer No. *432*

Signed. *Clarence E. Moss*
Student Embalmer

Signed. *Walter P. Hedges*
Licensed Embalmer No. *4265*

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.