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5-17-52

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15968

BIRTH NO. _____ REG. DIST. NO. 93 ~~5342~~ PRIMARY REG. DIST. NO. 5342 ~~93~~ Registrar's No. 40

0290
3

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington Twp.
c. LENGTH OF STAY (In this place):
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: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural South Twp. 0290
d. STREET ADDRESS (If rural, give location): SO Greenfield Mo Rt 1

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

4. DATE OF DEATH (Month) (Day) (Year): May 12 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct.12,1880
9. AGE (In years last birthday): 71 — If under 1 year: Months 7, Days 0; If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: George W Jones
13b. MOTHER'S MAIDEN NAME: Nancy E Jones
14. NAME OF HUSBAND OR WIFE: Christie Belle Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Christie B Jones So.Greenfield 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) Crush Left chest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) accident
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 029
20. AUTOPSY? YES ☐ NO ☐

21a. ~~ACCIDENT~~ ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): uto
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): hy 39&160
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): reenfield Mo Dade Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 12 1952 2:45p
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: 2 car accident

22. *I hereby certify that I attended the deceased from* After Death *, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J A Wren Coroner 3
23b. ADDRESS: Lockwood Mo
23c. DATE SIGNED: 5-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-15-1952
24c. NAME OF CEMETERY OR CREMATORY: Pennsboro
24d. LOCATION (City, town, or county) (State): Dade Co Mo

DATE REC'D BY LOCAL REG. 5-17-52
REGISTRAR'S SIGNATURE: Geo L Weir 79
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W.R.Allison Greenfield Mo.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed W. R. Allison

Signed.....
Student Embalmer

Licensed Embalmer No. 4404

P. O. Address Greenfield 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.