

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19799

State File No. ....

FILED JUL 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 4106 Registrar's No. 14

0206  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerico Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u>	
c. LENGTH OF STAY (In this place) <u>4m 24d</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Potts Nursing Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MILES</u>	b. (Middle) <u>M.</u>	c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 27 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 6 1859</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR <u>9</u> MONTHS <u>21</u> DAYS	IF UNDER 24 HRS. <u>1</u> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>New Corner, Indiana /</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>David L. Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Hatfield</u>	14. NAME OF HUSBAND OR WIFE <u>Esther L. Mendenhall</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>XXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>None</u>	ADDRESS <u>Barton County Welfare Office, Lamar, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>NO</u>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1, 1952 to May 10, 1952 that I last saw the deceased alive on May 10, 1952 and that death occurred at 8:20p m., from the causes and on the date stated above.

23a. SIGNATURE <u>T. D. Combes MD</u> (Degree or title)	23b. ADDRESS <u>Lockwood Mo</u>	23c. DATE SIGNED <u>5-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 29 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberal Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Liberal, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-27-52</u>	REGISTRAR'S SIGNATURE <u>Mrs Velma Ellis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Funeral Home</u>	ADDRESS <u>Lamar, Missouri</u>
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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 \_\_\_\_\_

*Carl J. Kennedy*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *2247*

P. O. Address *Lynn, Me.*

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.