

S. No. 3007 JUL 5 1952
 V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21088

State File No.

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 67

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

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LA GRANGE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAYWOOD	
c. LENGTH OF STAY (in this place) 7 mos.		d. STREET ADDRESS (If rural, give location) XXXXXXXXXX	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXX			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ARTHUR c. (Last) JONES			4. DATE OF DEATH (Month) (Day) (Year) JUNE 18, 1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH FEB. 28, 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 3 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) MAYWOOD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN CALVIN JONES		13b. MOTHER'S MAIDEN NAME NANCY PULLIAM		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. XXXXXXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS OLEN GRIESBAUM LA GRANGE, 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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC NEPHRITIS			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) PROSTATITIS			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 611X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 June 18, 1952, to June 18, 1952, that I last saw the deceased alive on May 22, 1952, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. L. E. Lewis M.D.		23b. ADDRESS La Grange Mo		23c. DATE SIGNED 6/18/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/20/52		24c. NAME OF CEMETERY OR CREMATORY MAYWOOD	
		24d. LOCATION (City, town, or county) (State) MAYWOOD, MISSOURI			

DATE REC'D BY LOCAL REG. 6-28-52		REGISTRAR'S SIGNATURE P.W. Jennings		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. L. ... LEWISTOWN, MISSOURI	
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Charles L. Arnold, Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.