

FILED AUG 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25178

BIRTH NO. _____		REG. DIST. NO. <u>240</u>		PRIMARY REG. DIST. NO. <u>4358</u>		Registrar's No. <u>28</u>								
1. PLACE OF DEATH a. COUNTY <u>New Madrid 0720</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>New Madrid</u>						
b. CITY OR TOWN <u>Libourn</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Lilbourn</u>		d. STREET ADDRESS (If rural, give location)								
d. FULL NAME OF HOSPITAL OR INSTITUTION														
3. NAME OF DECEASED (Type or Print)			a. (First) <u>James</u>			b. (Middle) <u>Edward</u>			c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 18 1876</u>			9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Days <u>5</u>		IF UNDER 2 HRS. Hours <u>8</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lake Co., Tennessee</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Zada Jones</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Jones-Lilbourn, Missouri</u>						ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INFIRMITIES OF AGE</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) _____												
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 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) 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 <u>7/26</u> , 19 <u>52</u> , to <u>7/26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7/26</u> , 19 <u>52</u> , and that death occurred at <u>7:15a</u> m., from the causes and on the date stated above.														
23a. SIGNATURE <u>John H. Roberson M.D.</u>						23b. ADDRESS <u>B.203, LILBOURN MO</u>			23c. DATE SIGNED <u>7/28/52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 29 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>		24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Missouri</u>								
DATE REC'D BY LOCAL REG. <u>July 28 1952</u>		REGISTRAR'S SIGNATURE <u>H.L. Bondu Deputy</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home-Lilbourn, Mo.</u>				ADDRESS				

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.....
Student Embalmer

Signed

Homer L. Ponder

Licensed Embalmer No. *3367*

P. O. Address *Lilbourn, 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.