

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34377

State File No.

BIRTH NO. FILED NOV 3 1952 REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5176 Registrar's No. 33

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD — 0150

1. PLACE OF DEATH a. COUNTY <u>Camden</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montreal - Aupton</u>		c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montreal</u>		0150
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dun Home Star R</u>			d. STREET ADDRESS (If rural, give location) <u>Star Route</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Harrison</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 25 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 19-1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agri</u>	11. BIRTHPLACE (State or foreign country) <u>Camden Co, Mo</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>W. Stark Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Blankenship</u>	14. NAME OF HUSBAND OR WIFE <u>Veda Gideon Jones</u>		
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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Veda Jones Montreal, Mo</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion (thrombotic)</u>			DUE TO (c) <u>Arteriosclerosis</u>		<u>1 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Valvular heart disease</u>					<u>?</u>
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) <u>4201</u>		
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 <u>Oct 25 1952</u> to <u>Oct 25 1952</u> , that I last saw the deceased alive on <u>DDA</u> , 1952, and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Mrs Abbie Blankenship Woolery</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Camden Mo</u>		23c. DATE SIGNED <u>Oct 29-1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct 27-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montreal</u>	24d. LOCATION (City, town, or county) (State) <u>Montreal Mo</u>		
DATE REC'D BY LOCAL REG. <u>Oct 29-1952</u>	REGISTRAR'S SIGNATURE <u>Alpha Draw</u>		4201	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blankenship - Woolery Camden Mo</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Abbie Banks Woolery

Licensed Embalmer No. 24887

P.O. Address Camberton, Md

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.