

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5142</u>		Registrar's No. <u>531</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Neely Twp</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Neely Twp</u> <u>0120</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>5 mi. N. Neelyville</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u>			b. (Middle) <u>Franklin</u>		c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13 52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3/8/1889</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: 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			11. BIRTHPLACE (State or foreign country) <u>Martin Co. Ind.</u> /		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George T. Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Melvina W. Winger</u>			14. NAME OF HUSBAND OR WIFE <u>Dessie 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Jones West Boden Ind.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure due to Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4201</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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>Aug. 5</u> , 19 <u>52</u> , to <u>Nov. 13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov. 13</u> , 19 <u>52</u> and that death occurred at <u>11:45 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. L. Smith</u> (Type or Print)				23b. ADDRESS <u>D.O. Box 328, Neelyville, Mo.</u>		23c. DATE SIGNED <u>11-17-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/16/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Williams</u>		24d. LOCATION (City, town, or county) (State) <u>Clay Co., Ark.</u>			
DATE REC'D BY LOCAL REG. <u>11-24-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>			428-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gish Funeral Home, Naylor, Mo.</u>		

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

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RECEIVED
DEC 2 1952

BUTLER CO. HEALTH CENTER

FILE No. 1252-576

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 Bryan McCord

Licensed Embalmer No. 4979

P. O. Address Naylor, 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.