

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42650

State File No. 13112419
Registrar's No.

LED JAN 8 1953

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 5588		State File No. 13112419		
1. PLACE OF DEATH a. COUNTY <u>Casper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: rank on file admission). a. STATE <u>Mo</u> b. COUNTY <u>Casper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sarsapit</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sarsapit Mo</u>		d. STREET ADDRESS (If rural, give location) <u>R 7 D Sarsapit Mo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home R 7 D Sarsapit Mo</u>				d. STREET ADDRESS (If rural, give location) <u>R 7 D Sarsapit Mo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrol J Jones</u>			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 6 - 52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Sp. Wf) <u>Married</u>	8. DATE OF BIRTH <u>9-8-1911</u>		9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sarsapit Mo</u>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		
13a. FATHER'S NAME <u>Lute Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Zula Justus</u>		14. NAME OF HUSBAND OR WIFE <u>Francis Jones</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates served) <u>yes war II</u>		16. SOCIAL SECURITY NO. <u>556-18-6158</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francis Jones Sarsapit 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary heart disease yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>from history</u>					INTERVAL BETWEEN ONSET AND 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)		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?						
22. I hereby certify that I attended the deceased from <u>Dec 2nd</u> 19 <u>1952</u> , to <u>Dec 6th</u> 19 <u>1952</u> , that I last saw the deceased alive on <u>Dec 6th</u> 19 <u>1952</u> , and that death occurred at <u>6:27</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. B. Clifton MD (Coroner)</u> (Degree or title)				23b. ADDRESS <u>Sarsapit Mo</u>		23c. DATE SIGNED <u>10-21-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 9 - 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarsapit Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Sarsapit Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-24-52</u>		REGISTRAR'S SIGNATURE <u>W. B. Clifton MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons Sarsapit Mo</u> ADDRESS				

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

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RECEIVED 1-7-53
Jasper County Health Office

County File Number 53/1/26

Date Filed 1-7-53

JAN 9 1953

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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm R Jackson

Licensed Embalmer No. 3954

P. O. Address Lawrence 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.