

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42991

State File No. ....

FILED DEC 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <i>Demersot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <i>Missouri</i> b. COUNTY <i>Demersot</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Hayti</i>	c. LENGTH OF STAY (In this place) <i>Life</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Hayti 0781</i>	
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)	

3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>James</i> c. (Last) <i>Jones</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 27, 1952</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Sept 20, 1950</i>	9. AGE (In years last birthday) <i>2</i>	IF UNDER 1 YEAR Months <i>3</i> Days <i>7</i>	IF UNDER 24 HRS. Hours <i>7</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Child</i>	11. BIRTHPLACE (State or foreign country) <i>Hayti, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		

13a. FATHER'S NAME <i>William Harrison Jones</i>	13b. MOTHER'S MAIDEN NAME <i>Dorothy Laverne Wallace</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>W.H. Jones</i>
		ADDRESS <i>Hayti</i>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Burned up in house fire</i>		
	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. <i>E9160</i> <i>16</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>078</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Hayti Demersot Mo</i>
21d. TIME OF INJURY <i>12-27-52 3:30A m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Home burned</i>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *3:45A m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>James A. Osburn</i>	(Degree or title) <i>Coroner</i>	23b. ADDRESS <i>Wardell Mo</i>	23c. DATE SIGNED <i>12-27-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12-27-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Hayti, Mo</i>

DATE REC'D BY LOCAL REG. <i>12-27-52</i>	REGISTRAR'S SIGNATURE <i>John St. German</i>	406	25. FUNERAL DIRECTOR'S SIGNATURE <i>John St. German</i>	ADDRESS <i>Hayti, Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

781  
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12-382-52

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

DEC 30 1952

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.....

*Not Embalmed*

Signed *John A. German*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.