

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4667

State File No. ....

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FILED FEB 9 1953

BIRTH NO. .... REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4546 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Century</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Denver MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany MO 0380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u> b. (Middle) <u>JEFFERSON</u> c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>29 1st - 1880</u>
9. AGE (If years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>W M Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Steele</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>493-14-6549</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clara Barber</u> ADDRESS <u>Denver 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>Sahel Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>  ANTECEDENT CAUSES Morbidity 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. <u>490X</u>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Jan 27, 1953, to Jan 31, 1953, that I last saw the deceased alive on Jan 31, 1953, and that death occurred at 11:50 A M from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Williamson</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Century MO</u>	23c. DATE SIGNED <u>2-2-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 2 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miller Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Denver MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb 7 - 1953</u>	REGISTRAR'S SIGNATURE <u>Keta E. Dawson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kenneth A. Brann</u> ADDRESS <u>Denver MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*J P Brown*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2947

P. O. Address *St Louis 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.