

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

**4897**

State File No. ....

S. No. 300  
v. 10.48

FILED MAR 2 - 1953 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 238

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>42 years</u>		d. STREET ADDRESS (If rural, give location) <u>725 E. Lake Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>725 E. Lake Blvd</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>0117</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>C</u> c. (Last) <u>JONES</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 8, 1953</u>		
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widower</u>	
<b>8. DATE OF BIRTH</b> <u>May 30, 1862</u>		<b>9. AGE</b> (In years last birthday) <u>90</u>		<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Ret. cement finisher</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Meat Packing</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Milford, Delaware</u>	

<b>13a. FATHER'S NAME</b> <u>Henry Jones</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Johnson</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Irene Jones</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Byron Eaves</u>	
				<b>ADDRESS</b> <u>725 E. Lake Blvd.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 day</u>
	<b>ANTECEDENT CAUSES</b> <u>Myocardial failure</u>		
	<b>DUPLICATE TO (b) (c)</b> <u>Generalized arteriosclerosis</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 23 Sept, 1946, to 8 Feb, 1953, that I last saw the deceased alive on 8 Feb, 1953, and that death occurred at 11:50 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>W. W. Hering MD</u> (Degree or title)		<b>23b. ADDRESS</b> <u>520 Francis St St. Joseph Mo</u>		<b>23c. DATE SIGNED</b> <u>10 Feb 53</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Feb. 11, 1953</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cem. St. Joseph, Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>Feb. 24, 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Carl C. Casey</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Clark Funeral Home</u>	
				<b>ADDRESS</b> <u>120 Illinois Av.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ernest A. Clark*

Licensed Embalmer No. 4235

P. O. Address *St. Joseph 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.