

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5147**

FILED MAR 10 1953

0200

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

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 5239		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural LINN				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural LINN 0200			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Miles W. of Stockton				d. STREET ADDRESS (If rural, give location) 4 Miles W. of Stockton			
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) MARSHALL		c. (Last) JONES	
4. DATE OF DEATH		Month Feb.		Day 27		Year 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH March 8, 1879		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Cedar County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Mark A. Jones		13b. MOTHER'S MAIDEN NAME Porter Harriett Kates		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Louis Jones Jr. Cedar Springs, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH inst.	
		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 4201				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) _____ 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 2-27, 1953 , to 2-27, 1953 that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00A m. , from the causes and on the date stated above.							
23a. SIGNATURE M. D. Garrison, Coroner (Degree or title)				23b. ADDRESS Cedar Springs, Mo.		23c. DATE SIGNED 2-27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-1-1953		24c. NAME OF CEMETERY OR CREMATORY Younger Cemetery		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	
DATE REC'D BY LOCAL REG. 3-6-53		REGISTRAR'S SIGNATURE Geneva Garrison 54-0		25. FUNERAL DIRECTOR'S SIGNATURE Carlton Funeral Home, Stockton Mo. ADDRESS _____			

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.