FILED FEB 24 1953

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8395

BIRTH NO. _____ REG. DIST. NO. 324 ~~870~~ PRIMARY REG. DIST. NO. 6084 Registrar's No. 49

0970
1

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): Blackwater 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 Miles West of Nelson, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackwater Twn. 0970 0
d. STREET ADDRESS (If rural, give location): 5 Miles west of Nelson, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Trafton c. (Last) Jones

4. DATE OF DEATH (Month) Feb. (Day) 19 (Year) 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ? ~~Divorce pend~~
8. DATE OF BIRTH: ~~Eng~~ Sept. 1 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 4, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Farm Work
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and State or Foreign Country): Nelson, Missouri R.F.D. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Jones
13b. MOTHER'S MAIDEN NAME: Mollie Morton
14. NAME OF HUSBAND OR WIFE: ~~Lena Jones~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: - - -
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Beulah Jones-Nelson Mo. R.F.D.

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) Suicide by

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Gun shot blast in head

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* E976X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): His home
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE): Blackwater Saline Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 19 1953 8a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: self inflicted with shot Gun

22. *I hereby certify that I attended the deceased from* Made investigation Feb. 19, *to* 1953, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* 8 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Lawless M.P. Coroner Saline Co 3
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 2-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/22/53
24c. NAME OF CEMETERY OR CREMATORY: Nelson Cemetery
24d. LOCATION (City, town, or county) (State): Nelson, Missouri

DATE REC'D BY LOCAL REG.: 2-21-1953
REGISTRAR'S SIGNATURE: Sidney T Gray 385 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. Leslie Sweeney-Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1953

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 J. Leslie Sweeney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.