

# STANDARD CERTIFICATE OF DEATH

State File No. **8703**

FILED APR 6 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 34

051  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Barry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Monett</b>		c. LENGTH OF STAY (In this place) <b>4 Months</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Wheaton</b>		<b>050</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Scroggins Nursing Home</b>			d. STREET ADDRESS (If rural, give location) <b>8</b>		
3. NAME OF DECEASED (Type or Print) <b>Charles</b>		a. (First)	b. (Middle) <b>Henry</b>	c. (Last) <b>Jones</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 28 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct 2 1872</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Not Known</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>James Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Not Known</b>		14. NAME OF HUSBAND OR WIFE <b>Lou Ellen Jones</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dale Jones</b>	
				ADDRESS <b>Monett, Missouri</b>	

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			INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Nephritis</b>		ANTECEDENT CAUSES			
DUE TO (b) _____		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death. <b>Prostatic Hypertrophy</b>			<b>Unknown</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592X</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Mar 16, 1953, to Mar 28, 1953, that I last saw the deceased alive on Mar 27, 1953, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Charles L. Moore, M.D.</b>		(Degree or title)		23b. ADDRESS <b>Wheaton, Mo.</b>	
				23c. DATE SIGNED <b>Mar 30 1953</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-31-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Muncie Chapel Cem</b>		24d. LOCATION (City, town, or county) (State) <b>2 Mi. North of Wheaton</b>
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DATE REC'D BY LOCAL REG. <b>3-31-53</b>	REGISTRAR'S SIGNATURE <b>Oliver A. Worthington</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Muncie Wheaton, Mo.</b>		
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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 *W. Morris Fine* .....

Licensed Embalmer No. *3442* .....

P. O. Address *Wheaton 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.