

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 18

461
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHRISTA HOGAN HOSP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEYLOUR MO.</u> <u>1120</u>	
		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM T. JONES</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>3-13-53</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>2-25-1869</u>
9. AGE (In years last birthday) <u>84</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>WRIGHT Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>SARAH. (DEC)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>NO.</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. FRANK COLOGAN, SPRINGFIELD, 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>Thrombo-angitis obliterans</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with gangrene of Rt Foot + toes.</u> 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 <u>4531</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <u>6 Mar, 1953</u> to <u>13 Mar, 1953</u> , that I last saw the deceased alive on <u>6 Mar, 1953</u> , and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Beatrice Cook M.D.</u>		23b. ADDRESS <u>West Plains, Mo</u>	
23c. DATE SIGNED <u>16/3/53</u>			
24a. BURIAL OR CREMATION, REMAINS (Specify) <u>BURIAL</u>		24b. DATE <u>3-15-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>STAR</u>		24d. LOCATION (City, town, or county) (State) <u>WEBSTER, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-18-53</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
379		FUNDAL DIRECTOR'S SIGNATURE <u>Robert Bergman</u>	
ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 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

Max Miller

Licensed Embalmer No. *4720*

P. O. Address *Manassas, Va*

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.