

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED MAY 12 1953

REG. DIST. NO. 143

PRIMARY REG. DIST. NO. 4222

Registrar's No. 45

460
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Howell Mo. b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs.		c. LENGTH OF STAY (In this place) 0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Sherral c. (Last) JONES			4. DATE OF DEATH (Month) (Day) (Year) May 2, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 1, 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refrigeration Engineer - Retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iberia, Mo.
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME M.J. Jones	13b. MOTHER'S MAIDEN NAME Rhoda V. Rook	14. NAME OF HUSBAND OR WIFE Mrs. W.S. Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 554-09-9170	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.S. Jones, Willow 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Acute
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occlusion, coronary		
	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., 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) (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 4/28, 1953, to 5/2, 1953, that I last saw the deceased alive on 5/2/53, 19 , and that death occurred at 2:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.B. Perkins, M.D.	23b. ADDRESS Willow Springs, Mo.	23c. DATE SIGNED 5/5/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/5/53	24c. NAME OF CEMETERY OR CREMATORY Nease Cemetery,	24d. LOCATION (City, town, or county) (State) Willow Spgs (Rural) Mo
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DATE REC'D BY LOCAL REG. May 9, 1953	REGISTRAR'S SIGNATURE Marhalee Bell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burns Funeral Home, Willow Spgs., Mo.
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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.

Fred W. Barnes
Fred W. Barnes

Signed _____

Student
Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.