

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17328

State File No.

No. 300

10-48

FILED MAY 16 1953

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4091 Registrar's No. 11

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

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fremont</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fremont, mo 0180</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>Jimmie Jones</u> a. (First) <u>Jimmie</u> b. (Middle) <u>Jones</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH <u>May 8 1953</u> (Month) (Day) (Year)		
5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 1 1886</u>	9. AGE (In years, months, days) <u>67</u> MONTHS DAYS HOURS MINS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>mo 0180</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Robert Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Alley Osse Jones</u>	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>D. J. Jones Fremont</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure. 3 days</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> <u>2 yrs.</u> DUE TO (c) <u>arterial Hypertension and Bright's disease</u> <u>2 yrs.</u>			
		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>592x</u>		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) (Min.)		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 2-5, 1952, to 5-8, 1952, that I last saw the deceased alive on 5-5, 1953, and that death occurred at 7:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Rusinski, D.O.</u>		23b. ADDRESS <u>Van Buren, MO</u>		23c. DATE SIGNED <u>5-11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eveline</u>		24d. LOCATION (City, town, or county) (State) <u>Carter Co Mo.</u>

DATE REC'D BY LOCAL REG. <u>May 14-53</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Hanson</u> <u>500</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Seaton Pruitt Van Buren</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 Seaton Perwith

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.