

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17490

State File No.

FILED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 62

2272

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CALEB</u> b. (Middle) <u>LAYTON</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-13-1953</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Oct 28-1871</u>		9. AGE (In years last birthday) <u>81</u>		10. UNDER 1 YEAR		11. UNDER 4 HRS.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Farmer & Stockman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
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13a. FATHER'S NAME <u>George C. Jones</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Trent</u>				14. NAME OF HUSBAND OR WIFE <u>Lavinia Burns</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robt Jones - Weston Mo</u>					
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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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>21 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive arteriosclerotic cardiovascular disease</u> DUE TO (c) <u>? due to meningovascular syphilis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>026x</u>										20. AUTOPSY (partial) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)			
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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?			
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22. I hereby certify that I attended the deceased from April 23, 1953, to May 13, 1953, that I last saw the deceased alive on May 12, 1953, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. Kuehnmann M.D.</u>		23b. ADDRESS <u>Boonville Mo</u>		23c. DATE SIGNED <u>5-14-53</u>	
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24a. DATE OF FINAL CREMATION REMOVAL (Specify) <u>May-15-53</u>		24b. DATE <u>May-15-53</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Pilot Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5/14/53</u>		REGISTRAR'S SIGNATURE <u>SG Cooper 381</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hays & Painter - Pilot Grove Mo</u>	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Rayton E. H. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, Wisc.*

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.