S. No. 300
v. 10.48

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

FILED MAY 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18656

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5713 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Cyclone Twp.
c. LENGTH OF STAY (in this place) 64 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home Stella Rt. 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Cyclone Twp. 0600
d. STREET ADDRESS (If rural, give location) Home Stella Rt. 2

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) LARKIN c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year) Apr. 21, 1953

5. SEX Male **6. COLOR OR RACE** White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 6, 1864

9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Farming

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Greene County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Larkin Jones

13b. MOTHER'S MAIDEN NAME Lidia Adison

14. NAME OF HUSBAND OR WIFE Margaret Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Roy Doolen, Stella, Rt. 2, Missouri

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic glomerulonephritis — 7 yrs
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** 592 x **20. AUTOPSY?** YES ☐ NO ☐

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) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June, 1951, *to* April 21, 1953, *that I last saw the deceased alive on* April 21, 1953, *and that death occurred at* 4:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE S.D. Fountain (Degree or title) D.O. **23b. ADDRESS** Noel, Mo. **23c. DATE SIGNED** May 23 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** April 23, 1953 **24c. NAME OF CEMETERY OR CREMATORY** Owsley Cemetery **24d. LOCATION** (City, town, or county) McDonald County, Missouri (State)

DATE REC'D BY LOCAL REG. 5-15-53 REGISTRAR'S SIGNATURE Wayne Humphreys

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John B. Patterson, Goodman, Missouri

(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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.