No. 300
10.48

FILED MAY 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18750

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. .....

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

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Charleston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 216 S. Locust St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Charleston 0672
d. STREET ADDRESS (If rural, give location) 216 S. Locust St. 0

3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year) May 14, 1953

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan.14,1886
9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months 4 Days 0 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY ———
11. BIRTHPLACE (City and State or Foreign Country) Ponitoc, Miss. 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Arthur Jones
13b. MOTHER'S MAIDEN NAME Unk.
14. NAME OF HUSBAND OR WIFE Ossha Jones

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. Unk.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss. County Welfare Office, Charleston, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH 5 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease ?
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 4200
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* 9-12, 1952, *to* 5-13, 1953, *that I last saw the deceased alive on* 5-13, 1953, *and that death occurred at* 4:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John E. Dermoncourt MD
23b. ADDRESS Charleston Mo
23c. DATE SIGNED 5/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 15, 1953
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) Charleston, Missouri

DATE REC'D BY LOCAL REG. 5-19-53
REGISTRAR'S SIGNATURE Jean Fancher 480-0
25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks ADDRESS Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed MAY 2 2 19[illegible]

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.