No. 300
10-48

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0 18819

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 101

742
0

1. PLACE OF DEATH
a. COUNTY: NODAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARYVILLE
c. LENGTH OF STAY (In this place): 6 DA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST FRANCIS HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NODAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BURLINGTON JCT
d. STREET ADDRESS (If rural, give location): 0740 0

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

4. DATE OF DEATH (Month) (Day) (Year): MAY 23 1953

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: DEC 17, 1877
9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR Months: 5 | Days: 6 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RESTURANT OWNER
10b. KIND OF BUSINESS OR INDUSTRY: RESTURANT
11. BIRTHPLACE (State or foreign country): BURLINGTON JCT 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: JERRY JONES
13b. MOTHER'S MAIDEN NAME: MARY FAULKERSON
14. NAME OF HUSBAND OR WIFE: MINNIE 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.: —
17. INFORMANT'S SIGNATURE OR NAME: C.E JONES BURLINGTON JCT MO
ADDRESS

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): Cardiovascular renal disease ?

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: Peptic ulcer hemorrhage ?

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 442 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* April 13, 1953, *to* April 23, 1953, *that I last saw the deceased alive on* May 22, 1953, *and that death occurred at* ..... *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. J. Byland MD 0
23b. ADDRESS: Maryville Mo
23c. DATE SIGNED: 5-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-25-53
24c. NAME OF CEMETERY ~~OR CREMATORY~~: OHIO
24d. LOCATION (City, town, or county) (State): BURLINGTON JCT MO

DATE REC'D BY LOCAL REG.: 5-30-53
REGISTRAR'S SIGNATURE: Bess Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE: J Hara Burl. Jct Mo
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....

Licensed Embalmer No. 3965

P. O. Address Burl. Jct 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.