

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20700

State File No.

FILED JUL 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5122 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Boone</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Boone</p>	
b. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">Hallsville</p>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <p style="text-align: center;">Hallsville</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Rural Route - Rocky Fork Tp.</p>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Rural Route - Rocky Fork Tp.</p>		e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">Rural Route - Rocky Fork Tp. 0100</p>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">CLAUDE</p>	b. (Middle) <p style="text-align: center;">MATTHEW</p>	c. (Last) <p style="text-align: center;">JONES</p>	(Month) <p style="text-align: center;">June</p>	(Day) <p style="text-align: center;">27,</p>	(Year) <p style="text-align: center;">1953</p>
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">Aug. 16, 1876</p>		9. AGE (In years last birthday) <p style="text-align: center;">76</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Farmer</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">---</p>		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Boone County, Missouri</p>	
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.</p>					

13a. FATHER'S NAME <p style="text-align: center;">John Jones</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Agnes Elizabeth Berry</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Marv Iva Tate Jones</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">---</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Merrell Jones, Hallsville, Mo.</p>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Rheumatic Heart Disease</p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">3 Years</p>	
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">416x</p>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 June 21, 1950, to June 27, 1953 that I last saw the deceased alive on June 20, 1953, and that death occurred at 11:00A m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">James W. Allen MD</p>		(Degree or title)		23b. ADDRESS <p style="text-align: center;">Columbia Mo</p>	
23c. DATE SIGNED <p style="text-align: center;">6-29-53</p>		24a. FUNERAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">June 30, 1953</p>	
24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Memorial Park Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Columbia, Missouri.</p>			

DATE REC'D BY LOCAL REG. <p style="text-align: center;">June 30 1953</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Mrs R E Palmer</p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">Parker Funeral Service Columbia Mo</p>	
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(Licensed Embalmer's Statement on Reverse Side)

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

300
46

OCT 10 1957

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.....
Signature of Student Embalmer

Signed..... *Thomas L. Barman*

Licensed Embalmer No. *41*

P. O. Address *Talman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.