

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28321

State File No.

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 817

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 days</u>		e. STREET ADDRESS (If rural, give location) <u>2123 North Nettleton Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hosp</u>		03960	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>D.</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 27, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 15, 1880</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired School Teacher</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Competition, Missouri</u>
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Education</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Luvina Royster</u>	14. NAME OF HUSBAND OR WIFE <u>Ines Jones</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-05-0957</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ines Jones</u> ADDRESS <u>Springfield, Mo.,</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pb 6/6 & thrombosis left femoral</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>secondary to prostatectomy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Valvular heart disease.</u>	
19a. DATE OF OPERATION <u>8/20/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophy Prostate 6/2x</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. job or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	
22. I hereby certify that I attended the deceased from <u>8-18, 1953</u> , to <u>8-27, 1953</u> , that I last saw the deceased alive on <u>8-27, 1953</u> , and that death occurred at <u>9:30a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>M. D. Springfield, Missouri</u>	23c. DATE SIGNED <u>8/28/1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/30/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fordland Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Fordland, Missouri</u>
DATE REC'D BY LOCAL REG. <u>8-28-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>AYRE-GOODWIN, Inc., Springfield, Mo.,</u> ADDRESS	

623 West Walnut
SPRINGFIELD, MISSOURI
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1954 FEB 2

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.....



Licensed Embalmer No. 4594.....

P. O. Address Springfield,.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.