

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29452

State File No.

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 856 Registrar's No. 171

140

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway | |
| b. CITY (If outside corporate limits, write RURAL and give town) Rural, Hopkins Twp. | | c. CITY (If outside corporate limits, write RURAL and give township) Rural Hopkins, Twp. | |
| c. LENGTH OF STAY (in this place) 7 yrs. | | d. STREET ADDRESS (If rural, give location) 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|-----------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Glenn | b. (Middle) T. | c. (Last) Jones | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1953 |
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|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 15, 1885 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|

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|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Clearmont, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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|---------------------------------------|---|--|
| 13a. FATHER'S NAME Frank Jones | 13b. MOTHER'S MAIDEN NAME Gertrude Kirkpatrick | 14. NAME OF HUSBAND OR WIFE Pearl Jones |
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|---|-------------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs Pearl Jones, Hopkins, Mo. | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis few minutes | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|---|----------------------------|

22. I hereby certify that I attended the deceased from **8/1, 1953** to **8/27, 1953** that I last saw the deceased alive on **8/27, 1953**, and that death occurred at **5 P.M.**, from the causes and on the date stated above.

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|---|-----------------------------|-----------------------------|---------------------------------|
| 23a. SIGNATURE E. W. Kirkpatrick | (Degree or title) MD | 23b. ADDRESS Hopkins | 23c. DATE SIGNED 8/28/53 |
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|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug. 30, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill | 24d. LOCATION (City, town, or county) (State) Maryville, Mo. |
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| DATE REC'D BY LOCAL REG. 9-5-53 | REGISTRAR'S SIGNATURE Bess Holt | 25. FUNERAL DIRECTOR'S SIGNATURE Stanley Swanson | ADDRESS Hopkins, Mo |
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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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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.