

THE UNITED STATES OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29608**

FILED SEP 11 1953

BIRTH NO. _____		REG. DIST. NO. 287		PRIMARY REG. DIST. NO. 5971		Registrar's No. 105	
1. PLACE OF DEATH a. COUNTY Calk				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Calk			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Balwin (Marion)		c. LENGTH OF STAY (In this place) 1 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Balwin (Marion)		0840	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 1/2 Miles North of Balwin				d. STREET ADDRESS (If rural, give location) 5 1/2 Miles North of Balwin			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) Sept 2 1953				
5. SEX Male COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 16 1887		9. AGE (In years, last birthday) 65 If UNDER 1 YEAR: Months 11 Days 17 Hours 17 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Calk Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James D. Jones		13b. MOTHER'S MAIDEN NAME Mary Griffin		14. NAME OF HUSBAND OR WIFE Jessie F. Jones			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Jones Balwin ADDRESS Balwin Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 20 min
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		4201	
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 _____, 19____, to Sept. 2, 1953 , that I last saw the deceased alive on Sept 2, 1953 , and that death occurred at 12:55 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE W. B. Bane M.D. (Degree or title)				23b. ADDRESS Balwin, Mo.		23c. DATE SIGNED Sept 5 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 5 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery S. E. of Balwin, Mo.		24d. LOCATION (City, town, or county) (State) Mo.	
DATE REC'D BY LOCAL REG. Sept. 5-1953		REGISTRAR'S SIGNATURE Ralph Gordon		25. FUNERAL DIRECTOR'S SIGNATURE Erwin T. Blue		ADDRESS Balwin Mo.	

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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 Oby Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.