

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH35701
State File No.

FILED OCT 26 1953

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4218</u>		Registrar's No. <u>1223</u>	
1. PLACE OF DEATH a. COUNTY <u>HENRY</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>WINDSOR</u> c. LENGTH OF STAY (In this place) <u>7 MO</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>GRAY NURSING HOME</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>LEETON</u> <u>0510</u> d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Estill</u> b. (Middle) <u>R.</u> c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT</u> <u>21</u> - <u>1953</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>Sept 30-1876</u> 9. AGE (In years last birthday) <u>76</u> 10. IF UNDER 1 YEAR Months Days 11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. MERCHANDISE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>John son County-mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A. F. T. JONES</u>		13b. MOTHER'S MAIDEN NAME <u>Viola Wall</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>266-01-4847</u>		17. INFORMANT'S SIGNATURE OR NAME <u>I. N. Fletcher-WINDSOR, MO</u>		18. ADDRESS		19. MEDICAL CERTIFICATION	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>1 1/2 yrs</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>		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) (Min.)		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>Dec.</u> , 19 <u>51</u> , to <u>Oct. 21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct. 19</u> , 19 <u>53</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Claude M. Thurber, M.D.</u>		23b. ADDRESS <u>Windsor, Mo.</u>		23c. DATE SIGNED <u>10/21/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>WARRENSBURG, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney-Phelps</u> ADDRESS <u>wbg-mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct-24-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		423		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney-Phelps</u> ADDRESS <u>wbg-mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 20 1953

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 _____

John P. Rodgers

Student Embalmer No. 490

working under my personal supervision.

Student John P. Rodgers
Student Embalmer

Signed J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.