

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36526

FILED OCT 26 1953

State File No. _____
Registrar's No. 361

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>361</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>				
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Hannibal</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 2000 Hope</u>				e. STREET ADDRESS (If rural, give location) <u>2000 Hope</u>				
3. NAME OF DECEASED (Type or Print) <u>Felix M. Jones</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>October 17, 1953</u>		(Month)		(Day)		(Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>October 6, 1897</u>		
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plasterer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Shelbina Missouri</u>		
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>			13a. FATHER'S NAME <u>Enoch W. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Pippin</u>		14. NAME OF HUSBAND OR WIFE	
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>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Enoch Jones, Chicago Illinois</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Found Dead in bed in home</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Used Alcohol to excess.</u>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) <u>Hannibal</u>		(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>Oct 17</u> , 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edm. Lucke, M.D. Registrar</u>				23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>10-20-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/20/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbina Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10/20/53</u>		REGISTRAR'S SIGNATURE <u>Edm. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>		ADDRESS <u>Hannibal Missouri</u>		

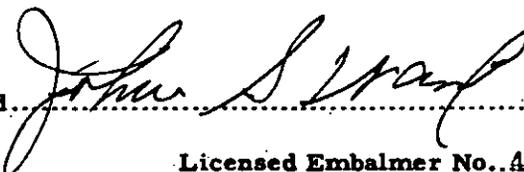
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 23 1953
MARION CO. HEALTH DEPT.
DATE FILED OCT 23 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, Student Embalmer No.....
working under my personal supervision.:

Student.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. 4540

P. O. Address Hannibal, Miss

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.