

FILED DEC 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38404**

BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>4066</u>		Registrar's No. <u>36</u>				
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Caldwell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kingston</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kingston</u>		0130				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				0		
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Walter</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Jones</u>			
4. DATE OF DEATH			(Month) <u>II</u>		(Day) <u>5</u>		(Year) <u>53</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>May 28 1884</u>		9. AGE (In years last birthday) <u>69</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kingston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Benjamin C. Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Etta Walters</u>			14. NAME OF HUSBAND OR WIFE <u>LeEtta Jones</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Colson Jones, Kingston, Mo.</u>				ADDRESS	
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>Pneumonia</u>		ANTECEDENT CAUSES						2 Days		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>exposure</u>						3 days		
		DUE TO (c) <u>Chronic alcoholism</u>						years		
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 checked="" 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)		<u>Kingston Caldwell Mo.</u>				
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>Jan.</u> , 1953, to <u>Nov. 5</u> , 1953, that I last saw the deceased alive on <u>Nov 5</u> , 1953, and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Frank R. Daley M.D.</u>				23b. ADDRESS <u>Hamilton, Mo.</u>				23c. DATE SIGNED <u>Nov 6, 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-8-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kingston, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>12-1-53</u>		REGISTRAR'S SIGNATURE <u>Blady Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>37-0 Cramer Clark</u>		ADDRESS <u>Kingston, Missouri</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

2 270 014

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..... *Erasmus Clark*

Licensed Embalmer No. *3257*

P. O. Address *Kingston, Ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.