

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42127**

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1290

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>65 years</u>		d. STREET ADDRESS (If rural, give location) <u>913 North 4th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>913 North 4th Street</u>		e. STREET ADDRESS (If rural, give location) <u>913 North 4th Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joshua</u>	b. (Middle) <u>Queēnenox</u>	c. (Last) <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Dec. 8 1953</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 21 1888</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Days	12. UNDER 2 HRS. Hours	13. UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Pack. Pl.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Gilbert Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Lizzie Turner</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Lora A. Jones</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lora Jones</u>	18. ADDRESS <u>913 N. 4 th St.</u>
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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) <u>Impairment of lung</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Trans. urethral Resection hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>609X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>two days</u> <u>not same</u> <u>2 weeks</u>
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19a. DATE OF OPERATION <u>Nov 20, 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Resection—Resection of Bladder Tumor</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 6, 1952, to Dec 8, 1953, that I last saw the deceased alive on Dec 8, 1953, and that death occurred at 5:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edwin Proudy M.D.</u>	23b. ADDRESS <u>Hershey Street, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>Dec 12-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 12 '53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 15, 1953</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Wm. K. Alexander

Licensed Embalmer No. 4450

P. O. Address. St. Joseph, 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.