

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43481

State File No. _____

FILED JAN 7 - 1954

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 182

85322
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		OR TOWN <u>0530</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Highway 66 E. Glendale Co. Mo. Rt. # 4.</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Isoliver</u> b. (Middle) <u>Ivan</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 11th 1911</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Days <u>-</u>
IF UNDER 1 YEAR Hours <u>18</u>	IF UNDER 1 MIS. Hours <u>18</u>	IF UNDER 1 MIS. Mins. <u>18</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>filling station operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Selling gasoline</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Ben Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Rosella Deckard</u>		14. NAME OF HUSBAND OR WIFE <u>Glen Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-10-9275</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Glen Jones</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> 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>10 minutes</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>			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) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>May</u> , 19 <u>48</u> , to <u>Dec 29</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 29</u> , 19 <u>53</u> , and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. Froelich, M.D.</u>			23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>12/31/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-31-1953</u>		REGISTRAR'S SIGNATURE <u>Ilella L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Holman</u>	
				ADDRESS <u>Lebanon, Mo.</u>	

Received **JAN 2 1954**
Laclede County Health Unit
File No. 6-54-1
Date Filed JAN 5 1954

MAY
4 1954

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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.