

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43484**

S. No. 300
v. 10.48

FILED DEC 17 1953

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5636 Registrar's No. 175

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 OR TOWN <u>Rural Wash. TS</u>)		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wash. TS</u>		d. STREET ADDRESS (If rural, give location) <u>Orla, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Orla</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barney</u> b. (Middle) _____ c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3, 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 11, 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____
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 (State or foreign country) <u>Laclede Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Elvira Aaron</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie C. Jones</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elvie Jones, Grove Springs, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151X</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>Dec 3, 1953</u> , to <u>Dec 3, 1953</u> , that I last saw the deceased alive on <u>Dec 3, 1953</u> , and that death occurred at <u>1:30P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. H. Hough M.D.</u>		23b. ADDRESS <u>Grove Springs</u>		23c. DATE SIGNED <u>12/5/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/6/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holman Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-7-1953</u>	REGISTRAR'S SIGNATURE <u>Hella L. Hays</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmer Lebanon Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1953

Filed _____
Dele County Health Unit
No. _____ 12-53-180
Date Filed _____ DEC 15 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 _____
Student Embalmer

Signed S. R. Palmer

Licensed Embalmer No. 2208

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.