

FILED JAN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43800**

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

BIRTH NO. _____		REG. DIST. NO. 272		PRIMARY REG. DIST. NO. 3912		Registrar's No. 69					
1. PLACE OF DEATH a. COUNTY Emmets				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE Missouri b. COUNTY Emmets							
b. CITY (If outside corporate limits, write RURAL and give township) Steele Rural Twp		c. LENGTH OF STAY (In this place) 34		c. CITY (If outside corporate limits, write RURAL and give township) Virginia Twp		d. STREET ADDRESS (If rural, give location) 180					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) a. (First) Lee Roy			b. (Middle) Jones		c. (Last)		4. DATE OF DEATH (Month) 12 (Day) 18 (Year) 53				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 8-15-1948	9. AGE (In years last birthday) 5 (Months) 4 (Days) 3		10. CITIZEN OF WHAT COUNTRY? USA				
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Osceola Ark		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Henry Jones		13b. MOTHER'S MAIDEN NAME Alice Ramsey		14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Henry Jones		ADDRESS Steele Mo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION							
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned</p> <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p style="text-align: right;">E 9160 16</p>				INTERVAL BETWEEN ONSET AND DEATH							
				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) 12-18-53		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 078 (STATE) Virginia Twp Emmets, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-18-53 3:00Pm.					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Home burned									
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3 P m., from the causes and on the date stated above.											
23a. SIGNATURE John W German (Degree or title) 3				23b. ADDRESS Hayti, Mo		23c. DATE SIGNED 12-18-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Rural		24b. DATE 12-19-53		24c. NAME OF CEMETERY OR CREMATORY Daly Grove		24d. LOCATION (City, town, or county) (State) Steele Mo					
DATE REC'D BY LOCAL REG. 12-21-53		REGISTRAR'S SIGNATURE S J German		25. FUNERAL DIRECTOR'S SIGNATURE German Wurd G Steele		ADDRESS Mo					

12-410-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 31 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.....

Not Embalmed
.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.