

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

574

State File No.

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4120 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Christian	
b. CITY OR TOWN Clever		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Clever
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location) No Street Address 0220	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) LUTHER	b. (Middle) EDDIE	c. (Last) JONES	(Month) Jan.	(Day) 3-	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 1-1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (City and State or Foreign Country) Clever, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Andrew Jackson Jones		13b. MOTHER'S MAIDEN NAME Caroline BEstes		14. NAME OF HUSBAND OR WIFE Annica Belle "Pet" Chastain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Russell Jones, Republic, Missouri	

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) Coronary Thrombosis		DUE TO (b) Hypertension		7 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 (c)		unknown	
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 1/201		20. AUTOPSY? YES <input 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)	
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 12/25/53 1953, to 1/8/54, 1954, that I last saw the deceased alive on 1/2/54, 1954, and that death occurred at 5:00a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.C. Mitchell M.D.			23b. ADDRESS Republic, Missouri		23c. DATE SIGNED 1/7/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-5-1954	24c. NAME OF CEMETERY OR CREMATORY Wise Hill Cemetery		24d. LOCATION (City, town, or county) (State) Clever, Missouri
DATE REC'D BY LOCAL REG. 1-7-54		REGISTRAR'S SIGNATURE Alline Brewer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Dean Harris, Clever, Mo.	

(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.....
Signature of Student Embalmer

Signed..... *John Dean Harris*

Licensed Embalmer No. *439*

P. O. Address..... *Cleveland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.