No. 300
10-48

FILED JAN 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1764

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 5

492
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WEBB CITY
c. LENGTH OF STAY (in this place) 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JANE CHINN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CARTERVILLE 0490
d. STREET ADDRESS (If rural, give location) 508 EAST MAIN ST. 0

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD b. (Middle) GOODNIGHT c. (Last) JONES

4. DATE OF DEATH (Month) (Day) (Year) JANUARY 2, 1954

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH MAY 10, 1869
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months 7 Days 22 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (State or foreign country) DADE COUNTY, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS WILLIAM JONES
13b. MOTHER'S MAIDEN NAME MINTA JONES
14. NAME OF HUSBAND OR WIFE [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. EARL JONES, CARTERVILLE, MISSOURI

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS

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 4222
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV 15, 1953, *to* JAN 2, 1954, *that I last saw the deceased alive on* JAN 2, 1954 *and that death occurred at* 7:25 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) D.O.
23b. ADDRESS CARTERVILLE MO
23c. DATE SIGNED 1-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JANUARY 4, 1954
24c. NAME OF CEMETERY OR CREMATORY ANTIOCK CEMETERY
24d. LOCATION (City, town, or county) (State) DADE COUNTY MISSOURI

DATE REC'D BY LOCAL REG. 1-4-54
REGISTRAR'S SIGNATURE Mrs. Madeline Switzer 474-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 1 1 1954
Jasper County Health Office
County File Number 54-1-30
Date Filed JAN 1 1 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 [illegible]

Licensed Embalmer No. 4561

P. O. Address Webb City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.