

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1833

State File No.

FILED FEB 11 1954

BIRTH NO. _____ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 4253 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chilhowee</u>		c. CITY OR TOWN <u>Chilhowee</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3 yr</u>		e. STREET ADDRESS (If rural, give location) <u>Chilhowee, Missouri</u> <u>0510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home, Chilhowee, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>Walter</u>	c. (Last) <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 31, 1954</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>September 4 '77</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	---	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Johnathan Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Hopper</u>	14. NAME OF HUSBAND OR WIFE <u>Luetta Morris 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> <u>XXXX</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Truman Henry, Warrensburg, Mo.</u>	ADDRESS <u></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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 Min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES DUE TO (b) <u></u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen Arteriosclerosis 2 years</u>			

19a. DATE OF OPERATION <u>4/20/1</u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
--	--	------------------------------------

22. I hereby certify that I attended the deceased from March, 1952, to Jan, 1954, that I last saw the deceased alive on Dec 28, 1953, and that death occurred at _____ m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kelly Rowlin M.D.</u>	23b. ADDRESS <u>Holden Mo.</u>	23c. DATE SIGNED <u>2/1/54</u>
---	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/2/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri.</u>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-2-1954</u>	REGISTRAR'S SIGNATURE <u>Mamie Oberker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday & Ropp, Holden, Missouri.</u>	ADDRESS <u></u>
--	--	---	-----------------

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 3 1954

JOHNSON COUNTY HEALTH
FEB 3 1954
JOHNSON COUNTY HEALTH

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 *M. J. Cradley*.....

Licensed Embalmer No...3434

P. O. Address Holden, Miss

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.