

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4211

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 119		
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Cape Girardeau				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 02 yrs		c. CITY OR TOWN Cape Girardeau		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION In Amb. at St Francis Hos.				e. STREET ADDRESS (If rural, give location) 715 Ranny 0164				
3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) (None) c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) March 5 1954					
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 23 1892		
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 0 Days 1		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ins. Shoe Factory			10b. KIND OF BUSINESS OR INDUSTRY Shoe Mfg.		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Jones			13b. MOTHER'S MAIDEN NAME Augusta Armgardt			14. NAME OF HUSBAND OR WIFE Cora Jones		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 190-05-6730		17. INFORMANT'S SIGNATURE OR NAME Alfred Jones Jr Cape Girardeau Mo				
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) Coronary Thrombosis  ANTECEDENT CAUSES DUE TO (b) Coronary artery Disease 4 years DUE TO (c) arterial sclerosis generally of 5 years  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. obesity. 20 years					INTERVAL BETWEEN ONSET AND DEATH 30 MIN	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					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 June 1947, to March 5, 1954, that I last saw the deceased alive on March 5, 1954, and that death occurred at 4:30 p. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Edward D Campbell M.D.				23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED March 9, 1954		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-7-54		24c. NAME OF CEMETERY OR CREMATORY Fairmont Cem.		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo		
DATE REC'D BY LOCAL REG. 3-10-54		REGISTRAR'S SIGNATURE C. C. Summers 44-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joe R. Howell Cape Girardeau Mo				

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.....  
*Joe B. Howee*

Licensed Embalmer No. *3390*  
P. O. Address *Cape Girardeau 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.