

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4542

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 205

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		d. STREET ADDRESS (If rural, give location) <u>RFD#6 Box 528</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u> b. (Middle) <u>REED</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 19, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>23 Feb. 1933</u>	9. AGE (In years last birthday) <u>20</u>	10. UNDER 1 YEAR <u>0</u> Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Stanley H. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stanley H. Jones Springfield, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u>		
ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Obstructed Bowel</u>			4 days		
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental defective (congenital)</u>					
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)	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)	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 <u>2-14, 1954</u> , to <u>2-18, 1954</u> , that I last saw the deceased alive on <u>2-18, 1954</u> , and that death occurred at <u>2:25A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Richard Delaney M.D.</u>			23b. ADDRESS <u>1630 N. Jefferson Springfield, Missouri</u>		23c. DATE SIGNED <u>2-19-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greene County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-20-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.K. Klingner + Co. Spzfd. Mo.</u>		

MAR 3

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

Max Rhodes

Licensed Embalmer No. 4071

P. O. Address *Springfield*

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.