

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5490

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELDON		c. CITY OR TOWN ELDON	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 923-So-AURORA		e. STREET ADDRESS (If rural, give location) 923-So-AURORA 066/2	
3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Joseph c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) MARCH-1-1954	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) MARRIED	8. DATE OF BIRTH 7 Oct 1878
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		9b. KIND OF BUSINESS OR INDUSTRY Gen-Farming	9c. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Gen-Farming	10c. BIRTHPLACE (City and State or Foreign Country) Mo
11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Adolph-Jones		13b. MOTHER'S MAIDEN NAME Bertha-Dodson	
14. NAME OF HUSBAND OR WIFE Rosa-E-Jones		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 Rosa-E-Jones ADDRESS ELDON 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) Cerebral Haemorrhage. INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension & arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? NONE		22. I hereby certify that I attended the deceased from 1950 , to MOBI , 19 54 , that I last saw the deceased alive on Jan 20, 1954 , and that death occurred at 12 P m., from the causes and on the date stated above.	
23a. SIGNATURE E. O. Shelton M.D. (Degree or title)		23b. ADDRESS ELDON Mo	
23c. DATE SIGNED 2 MAR. 54		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 4 MAR. 54		24c. NAME OF CEMETERY OR CREMATORY Dooley	
24d. LOCATION (City, town, or county) (State) MILLER-Co-Mo		25. FUNERAL DIRECTOR'S SIGNATURE Keith M. Fays ADDRESS ELDON Mo	
DATE REC'D BY LOCAL REG. MAR. 2, 54		REGISTRAR'S SIGNATURE Adworetta Walt 192-54	

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

RECEIVED

MAR 26 1954

MISSOURI DEPARTMENT OF HEALTH
DEPARTMENT

MAR 26 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
Signature of Student Embalmer

Signed *Keith M. Kays*
Licensed Embalmer No. *299*

P. O. Address *Eldon*

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.