

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9170

State File No.

0.300
0.48

FILED APR 6 1954 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WEBB CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CARTERVILLE</u> <u>0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JANE CHINN HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>601 EAST MAIN STREET</u>	
3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) <u>R.</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH <u>APRIL 2, 1954</u>
5. SEX <u>MALE</u> <u>D</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JANUARY 3, 1980</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FRISCO RR EMP.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO RAILROAD</u>	11. BIRTHPLACE (State or foreign country) <u>WISCONSIN</u> <u>1</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JACOB JONES</u>	
13b. MOTHER'S MAIDEN NAME <u>NANCY CROW</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET MAE 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>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARGARET MAE JONES</u>		ADDRESS <u>CARTERVILLE, 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>Acute Neurocirculatory collapse</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Acute Viral Pneumonia</u> <u>10 days</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u>493X</u>	
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>March 1954</u> , to <u>4-2, 1954</u> , that I last saw the deceased alive on <u>4-2, 1954</u> , and that death occurred at <u>10:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Box 2, Webb City, Mo</u>	
23c. DATE SIGNED <u>4/3/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 5, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WEBB CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-3-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

404 12/17

APR 9 1954

RECEIVED APR 5 1954
Jasper County Health Office
County File Number 54-4-273
Date Filed APR 5 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 Leonard Lewis Jr
Licensed Embalmer No. 4561
P. O. Address Webb City 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 this body is not embalmed, fact should be so stated above.