

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13020

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>3057</u> Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		c. LENGTH OF STAY (In this place) <u>33 years</u>		c. CITY OR TOWN <u>Richmond</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>434 North Thornton</u>				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>		b. (Middle) <u>(W)</u>		c. (Last) <u>Jones</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 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>March 22, 1882</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Postal Service</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jeffery Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Thomson</u>	
14. NAME OF HUSBAND OR WIFE <u>Isabelle Jones</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Isabelle Jones</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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic to lungs</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		19. DATE OF OPERATION <u>177X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richmond, Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>none</u>		22. I hereby certify that I attended the deceased from <u>Aug. 5, 1953</u> to <u>Apr. 10, 1954</u> , that I last saw the deceased alive on <u>Apr. 10, 1954</u> , and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Dr. E. D. Ramey</u>	
23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>4/13/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sumner</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>	
24e. DATE REC'D BY LOCAL REG. <u>April 13, 1954</u>		24f. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Isabelle Jones</u>	
25a. ADDRESS <u>Richmond, Missouri</u>		25b. ADDRESS <u>Isabelle Jones</u>			

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

MAY 25 1934

MAY 6 1934

Mar 7 '3

MAY 12 1934

### 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.....  
Licensed Embalmer No. 404

P. O. Address.....

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.