

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15623**

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>52</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Decatur</u>					
b. CITY OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY OR TOWN <u>Davis City</u> <u>8140</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Jones</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>Widowed</u> , WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Nov. 28 1860</u>			
9. AGE (in years last birthday) <u>93</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		9. AGE (in years last birthday) <u>93</u>			
11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Smith</u>			
14. NAME OF HUSBAND OR WIFE <u>Elva Jones, deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vera Bowwell</u> ADDRESS <u>Davis City, Ia.</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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				ANTECEDENT CAUSES				DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (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 <u>Feb 23, 1950</u> , to <u>May 14, 1954</u> , that I last saw the deceased alive on <u>May 12, 1954</u> , and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Miriam Leashart, M.D.</u>				23b. ADDRESS <u>Bethany, Mo.</u>		23c. DATE SIGNED <u>5/17/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 16/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Weslome</u>		24d. LOCATION (City, town, or county) (State) <u>Davis City Ia.</u>			
DATE REC'D BY LOCAL REG. <u>5/20/54</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u> <u>1161-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Marsh</u> ADDRESS <u>Lamoni Ia.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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 ✓

working under my personal supervision.

Student Embalmer No. ....

Signed Wm. A. Marsh

Signed .....  
Student Embalmer

Licensed Embalmer No. 4400

P. O. Address Lansoni Ia

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.