

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16311

State File No.

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 32

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|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY OR TOWN <u>Burlington</u> | c. LENGTH OF STAY (in this place) <u>30 yrs</u> | c. CITY OR TOWN <u>Hickman Mills</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1120 Sunny Slope Dr.</u> | | e. STREET ADDRESS (If rural, give location) <u>1120 Sunny Slope Drive</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ISAAC</u> b. (Middle) <u>WALTER</u> c. (Last) <u>JONES</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-3-54</u> |
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| 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>2-3-79</u> | 9. AGE (In years last birthday) <u>75</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 1 HRS. Hours _____ Mins. _____ |
|--------------------|-------------------------------|---|--------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Telegraph & Telephone</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Walnut Grove, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John M. Jones</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Shea</u> | 14. NAME OF HUSBAND OR WIFE <u>Mable V. Jones</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>487-01-1681</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mable V. Jones</u> | 17. ADDRESS <u>1120 Sunny Slope Dr. Hickman Mills, Mo.</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u> | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Sclerosis of Spinal cord)</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis (arterio)</u> | | 19. DATE OF OPERATION <u>334X</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 7-18-, 1950, to 5-3-, 1954, that I last saw the deceased alive on 5-2-, 1954, and that death occurred at 5:45 pm., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Ada B. Rader</u> (Degree or title) <u>m.n.</u> | 23b. ADDRESS <u>Martin City Mo</u> | 23c. DATE SIGNED <u>5-5-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-5-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Belton Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>5-5-54</u> | REGISTRAR'S SIGNATURE <u>Stirling E. Goddard</u> | 498-0 | FUNERAL DIRECTOR'S SIGNATURE <u>George S. Sandoz</u> | ADDRESS <u>Grandview Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 27 1961

JAN 14 1963

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: *Sterling E. Goddard*

Licensed Embalmer No. 49

P. O. Address Grandville

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.