

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18603**

No. 300  
10. 48

FILED JUN 29 1954

JUN 28 1954

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>528-B</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>4 hours</u>		c. CITY OR TOWN <u>McCracken</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>D.O.A. Springfield Baptist Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>Lincoln Township 0220</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LOWELL</u>		b. (Middle) <u>WESLEY</u>		c. (Last) <u>JONES</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>31</u>		(Year) <u>1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Aug. 15, 1921</u>	
9. AGE (In years last birthday) <u>33</u>		IF UNDER 1 YEAR Months _____		IF UNDER 12 HRS. Days _____		Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nixa, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>Henry Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Wilhite</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>486-24-4952</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Afton Jones</u> ADDRESS <u>Clever, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fct., Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>E983X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public place, etc.) <u>City Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Greene Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-31-'54 5:45P m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Homocidal (Fight)</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:45P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. E. P. ...</u>				23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>6/25/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/1/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McConnell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nixa, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-25-54</u>		REGISTRAR'S SIGNATURE <u>Earl Williamson</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Harry C. ...</u>		ADDRESS <u>Springfield, Mo.</u>	

623 West Walnut  
SPRINGFIELD, MISSOURI  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 29

**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.....  
*Harry C. [Signature]*  
Licensed Embalmer No. 459

P. O. Address Springfield

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.