

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19743

State File No.

BIRTH NO.

REG. DIST. NO. 238PRIMARY REG. DIST. NO. 4355Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>		c. CITY OR TOWN	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>Car on street</u>		f. STREET ADDRESS (If rural, give location) <u>3 miles west of Kewanee</u> 0720	
3. NAME OF DECEASED a. (First) <u>Opal</u>		b. (Middle)	c. (Last) <u>Jones</u>
(Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 31 1911</u>
9. AGE (in years last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson, Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Tom Jones</u>	
13b. MOTHER'S MAIDEN NAME <u>Marandie ? ?</u>		14. NAME OF HUSBAND OR WIFE <u>Magnolia 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Magnolia Jones-Kewanee, 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 Alcoholism Myocardial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inefficiency -</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>1222</u>	
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>June 27, 1954</u> , to <u>June 27, 1954</u> , that I last saw the deceased alive on <u>June 27, 1954</u> , and that death occurred at <u>4:00 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>O. B. Chandler M.D.</u>		23b. ADDRESS <u>New Madrid Mo</u>	23c. DATE SIGNED <u>6/30/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 30 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jackson</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Tennessee</u>
DATE REC'D BY LOCAL REG. <u>7-7-54</u>	REGISTRAR'S SIGNATURE <u>Helena L. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>2165</u>	ADDRESS <u>Ponder Funeral Home-Lilbourn, Mo.</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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Homer L. Ponder

Licensed Embalmer No. *536*

P. O. Address *Tilbourn*

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.