

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

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**21985**

FILED JUL 21 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 117

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Audrain</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Centralia</b> b. COUNTY <b>Boone</b> c. CITY OR TOWN <b>Centralia</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico, Mo.</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Centralia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>229 South Barr</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Yancey</b> c. (Last) <b>Jones</b>	<b>4. DATE OF DEATH</b> (Month) <b>7</b> (Day) <b>11</b> (Year) <b>1954</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b> <b>Sept. 23, 1878</b>	<b>9. AGE</b> (In years last birthday) <b>75</b>	<b>IF UNDER 1 YEAR</b> Months <b>9</b> Days <b>18</b>	<b>IF UNDER 12 HRS.</b> Hours <b></b> Min. <b></b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Hardware</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Carroll County, Va.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>James Henry Jones</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Ann Wisler</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Carrie Jones</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>491-16-5824</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Carrie Jones, 229 South Barr</b>	<b>ADDRESS</b> <b>229 South Barr</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 hours</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute Coronary Arteriosclerosis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Coronary Artery Disease</b> <b>DUE TO (c) Bronchiolitis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>1 year</b> <b>4 weeks</b>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 7-7, 1954, to 7-11, 1954, that I last saw the deceased alive on 7-11, 1954, and that death occurred at 7:20 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>H. D. [Signature] M.D.</b>	<b>23b. ADDRESS</b> <b>Trucks, Mo</b>	<b>23c. DATE SIGNED</b> <b>7-12-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>July 13, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Centralia</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Centralia, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>July 12-1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Blanche Neely</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Bill P. [Signature]</b>	<b>ADDRESS</b> <b>Centralia, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

NOV 15 1957

JUL 24 1957

**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 *Bill J. Menden* .....

Licensed Embalmer No. *48*

P. O. Address *Centralia, W. Va.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.**