

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22532**

FILED AUG 2 - 1954

0280

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

BIRTH NO. _____		REG. DIST. NO. <u>88</u>		PRIMARY REG. DIST. NO. <u>4151</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STEELVILLE</u>		c. LENGTH OF STAY (In this place) <u>50 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>STEELVILLE</u>		0280			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH <u>JULY 22 - 1954</u>						
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>OCT. 6 - 1868</u>			
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>9</u> DAYS <u>12</u>		9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>9</u> DAYS <u>12</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 <u>FARMING</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>STEELVILLE, MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>JOHN SUGGET JONES</u>		13b. MOTHER'S MAIDEN NAME <u>MILISSA GARMAN</u>		14. NAME OF HUSBAND OR WIFE <u>DELPHENE JONES</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. DELPHENE JONES - STEELVILLE, Mo.</u> ADDRESS _____					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u> years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>Aug</u> , 1952, to <u>July</u> , 1954, that I last saw the deceased alive on <u>23 July</u> , 1954, and that death occurred at <u>6:30 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John S. Campbell, M.D.</u> (Degree or title)				23b. ADDRESS <u>Steelville, Mo.</u>		23c. DATE SIGNED <u>7/29/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 24 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIBLER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CRAWFORD Co., MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>7-30-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas S. Halbert</u>		ADDRESS <u>STEELVILLE, MO.</u>			

MAR 8 1981

MAR 5 1981

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
Student Embalmer

Signed Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address Steelville, Mo

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.