

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26120**

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6283** Registrar's No. **22**

1140

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give township) ELK CREEK Twp 80 W		c. CITY (If outside corporate limits, write RURAL and give township) ELK CREEK (TWP)	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) Rural 5 mi E Grove Sp	
d. FULL NAME OF HOSPITAL OR INSTITUTION EAST OF GROVE Spring			

3. NAME OF DECEASED (Type or Print) a. (First) LEMAN b. (Middle) IRVING c. (Last) JONES			4. DATE OF DEATH (Month) (Day) (Year) 7-19-54		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 3-15-74		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR: Month 4 Day 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) WRIGHT CO. MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME CARNABY Jones		13b. MOTHER'S MAIDEN NAME Easter Hall		14. NAME OF HUSBAND OR WIFE ATA Claxton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MRS. L. Long ADDRESS Grove Springs	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 mins	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION No doctor		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE No dr. available (Degree or title) _____		23b. ADDRESS Hartsville, MO		23c. DATE SIGNED 7-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-21-54		24c. NAME OF CEMETERY OR CREMATORY JONES	
24d. LOCATION (City, town, or county) (State) WRIGHT MO					

DATE REC'D BY LOCAL REG. 7-21-54		REGISTRAR'S SIGNATURE C. B. Harnen by Jeanne		25. FUNERAL DIRECTOR'S SIGNATURE John Edmiston ADDRESS Hartsville, MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

WRIGHT CO. HEALTH DEPT.
County File Number 754-89
Date Filed 7-24-54

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 Glenn J. Williams

Licensed Embalmer No. 4651

P. O. Address Marshfield, Mass.

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.