

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

State File No. **29587**

FILED SEP 13 1954

BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **4519** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cabool, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cabool 1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) LEE c. (Last) JONES			4. DATE OF DEATH (Month) (Day) (Year) Sept. 7th 1954		
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 29, 1873		9. AGE (In years last birthday) 81 YRS.
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 (State or foreign country) TEXAS Co, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Byron Jones		13b. MOTHER'S MAIDEN NAME SARAH ANN BARNES		14. NAME OF HUSBAND OR WIFE MARY SUSAN JONES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MRS MARY JONES, Cabool, Mo.	
17. ADDRESS Cabool, Mo.					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized			10 years

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X		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) 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 Apr, 1952, to Sept 7th, 1954, that I last saw the deceased alive on Sept 7, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Harriet Boggins</i>		23b. ADDRESS Cabool Mo		23c. DATE SIGNED Sept 8/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Sept 10, 1954		24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	
24d. LOCATION (City, town, or county) (State) Texas Co, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE James Bentley, Cabool			
DATE REC'D BY LOCAL REG. 9-8-54		REGISTRAR'S SIGNATURE Gaynell Cunningham			

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

NO. 300
10.48

070
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FEB 28 1956

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.

Signed James L. Kenty

Signed.....
Student Embalmer

Licensed Embalmer No. 4715

P. O. Address Cuba, 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.