

0730

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

BIRTH NO. _____		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>583L</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - Franklin</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				e. STREET ADDRESS (If rural, give location) <u>Stark City Missouri Rt #1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u>		b. (Middle) <u>Dudley</u>		c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept - 12 - 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 (In years) (Month) (Day) (Hour) (Min.) <u>Aug - 13 - 1874</u> <u>80</u> <u>0</u> <u>29</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>W. M. B. Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Lavernia Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>Mary 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 ADDRESS <u>MARY JONES, Stark City 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, ashenia, etc.: It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES <u>+ bowels</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>13 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>157 X</u>					
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 <u>July</u> , 1952, to <u>Aug 13</u> , 1954, that I last saw the deceased alive on <u>Aug 12</u> , 1954, and that death occurred at <u>8:10 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. Cardwell M.D.</u>				23b. ADDRESS <u>Stella Mo.</u>		23c. DATE SIGNED <u>Aug 14, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BUR.</u>		24b. DATE <u>Sept-14-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wanda Cemetery Stark City</u>		24d. LOCATION (City, town, or county) (State) <u>Rt #1 Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-23-54</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyew</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. J. ...</u>					

**RECEIVED**

NEWTON COUNTY HEALTH UNIT

District Health Officer No. ....

District File Number 1054-216

Date Filed Oct 29 1954

NEOSHO, MISSOURI

**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 James Kenneth Dunca

Licensed Embalmer No. 476

P. O. Address Wheaton

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.