

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34924

State File No.

FILED OCT 26 1954

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Putnam</u>	
b. CITY OR TOWN <u>WAVINESSVILLE</u> c. LENGTH OF STAY (in this place) <u>16 days</u>		c. CITY OR TOWN <u>Newburg</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hosp.</u>		f. STREET ADDRESS (If rural, give location) <u>0810</u>	

3. NAME OF DECEASED a. (First) <u>Walter Eugene</u> b. (Middle) _____ c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 14 54</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb-13-1922</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Station</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____
11a. BIRTHPLACE (City and State or Foreign Country) <u>Arlington MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Hereward Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Smith</u>	14. NAME OF HUSBAND OR WIFE <u>John S. Jones</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War 2 1942-1946</u>		16. SOCIAL SECURITY NUMBER <u>499-14-0997</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter E. Jones, Duke, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Scleroderma + Myositis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Involvement of muscles of respiration, degeneration + myocardial involvement</u> DUE TO (c) <u>General debility, pulmonary edema + cardiac failure</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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov, 1953, to Oct 14, 1954, that I last saw the deceased alive on Oct 15, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard E. Myers, D.D.</u> (Degree omitted)	23b. ADDRESS <u>Newburg, Mo.</u>	23c. DATE SIGNED <u>Oct 15, 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 17, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harrison</u>	24d. LOCATION (City, town, or county) (State) <u>Arlington MO</u>
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DATE REC'D BY LOCAL REG. <u>10-17-54</u>	REGISTRAR'S SIGNATURE <u>Paula Ann Anderson</u> 458	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u>	ADDRESS <u>Newburg MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-17-54
PULASKI COUNTY Health Office
File Number
Date Filed 10-23-54

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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 *Les Johnson*

Licensed Embalmer No. 339

P. O. Address *Newburg*

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.